EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF DEPRESSION AMONG GERIATRICS IN SELECTED OLD AGE HOMES AT KANYAKUMARI

DISSERTATION SUBMITTED TO

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILMENT FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2014

EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF DEPRESSION AMONG GERIATRICS IN SELECTED OLD AGE HOMES AT KANYAKUMARI

BY

Mrs. S.SUJI

DISSERTATION SUBMITTED TO

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILMENT FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2014

RI.K.RAMACHANDRAN NAIDU COLLEGE OF NURSING

Affiliated To The TamilnaduDr.M.G.R. Medical University,

K. R. Naidu Nagar, Sankarankovil, Tirunelveli District-627 753

Tamilnadu.

CERTIFICATE

This is a bonafide work of **Mrs. S. SUJI,M.Sc NURSING II** year (2012-2014 Batch) student of Sri. K.RamachandranNaiduCollege of Nursing, Sankarankovil-627 753. Submitted in partial fulfillment for the **Degree of Master of Science in Nursing,**under the TamilnaduDr.M.G. R. Medical University, Chennai.

SIGNATURE: _____

Prof.(Mrs).N.Saraswathi, M.Sc. (N).,Ph.D (N).,
Principal, Head of the Department of Paediatric Nursing
Sri K. Ramachandran Naidu College of Nursing
Sankarankovil (Tk), Tirunelveli (Dist).

COLLEGE SEAL

A STUDY TO ASSESS THE EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF DEPRESSION AMONG GERIATRICS IN SELECTED OLD AGE HOMES AT KANYAKUMARI

APPROVED BY THE DISSERTATION COMMITTEE ON _____

PROFESSOR IN NURSING RESEARCH

Prof.(Mrs).N.SARASWATHI, M. Sc.(N), Ph. D (N), _____

Principal, Head of the Department of Pediatric Nursing,
Sri. K. Ramachandran Naidu College of Nursing,
Sankarankovil, Tirunelveli-627 753,
Tamilnadu.

CLINICAL SPECIALITY CO-GUIDE

Mr. C. SELGIN LEONS, M. Sc (N) _____

Lecturer, Department of Mental Health (Psychiatric) Nursing,
Sri. K. Ramachandran Naidu College of Nursing,
Sankarankovil, Tirunelveli-627 753,
Tamilnadu.

MEDICAL GUIDE

Dr. C. PANNEER SELVAN, M.B.B.S. M.D (Psy) NIMHANS _____

Consultant Psychiatrist,
Sneka Mind Care Centre,
South Bye Pass Road, Tirunelveli-627 005,
Tamilnadu.

DISSERTATION SUBMITTED TO

THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILLMENT FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2014

ACKNOWLEDGEMENT

I thank **God, the Almighty** and my immense belief on him which helped me in each and every step for enabling me to undertake this programme and to complete my dissertation to my optimal satisfaction.

At the outset, I the researcher of this study express my honest and sincere gratitude to**Mr.R.Vivekanandan**, **Chairman** and **Mrs.G.PremSantha**,**Managing Trustee** of Sri. K. Ramachandran Naidu College of Nursing for giving me the precious opportunity to be a part of this esteemed institution.

I, the researcher of this study consider myself to be privileged to express my honest and sincere gratitude to **Prof.(Mrs).N.Saraswathi, M.Sc.(N), Ph.D.(N), Principal, Head of the Department of Pediatric Nursing,** Sri. K. Ramachandran Naidu College of Nursing who taught the concept of research and provided her constant support, encouragement and expert guidance throughout my research.

At this moment I convey my profound gratitude to **Mrs.P.Subbalakshmi**, **Associate Professor,** Class Coordinator, M.Sc (N) II year for her constant supervision, patience and valuable suggestions which helped me to complete the study.

My hearty deepest gratitude and immense thanks to**Mr.C.SelginLeons, Lecturer,** Department of Mental Health (Psychiatric) Nursing for his constant source of inspiration, guidance and encouragement, which was a key for the successful completion of the study.

I extend my sincere thanks to **Dr.C.PaneerSelvan, M.B.B.S, M.D (Psychiatry) NIMHANS, Consultant Psychiatrist, Sneka mind care center** for his encouragement, valuable suggestions and technical guidance throughout the study.

I extend my sincere thanks to all the **Medical and Nursing Experts** for giving their valuable guidance and suggestions towards modification of the tool for data collection.

I extend my humble gratitude and honor to **Mrs. Amirthavalli**, statistician for her guidance in analysis and presentation of the data.

I extend my sincere and honest gratitude to the authorities of **St. Mary's Home for aged** and **St. Joseph's old age home**, Kanyakumari District for permitting me to conduct the study in their esteemed institutions.

I extend my deep sense of gratitude and thanks to the **geriatrics** for their cooperation in completion of the study.

I am very much grateful to **librarians** of Sri. K. Ramachandran Naidu College of Nursing for their help in procuring books whenever required.

I extend my immense and heartfelt gratitude to all my **teachers** who taught me the concepts of nursing.

At last but not least a bottomless and abundance of thanks to my beloved parents**Mr.A.V.Selvaraj&Mrs.K.Jessie,**my brother **Mr.S.Jayan,** and my beloved father- in-law **Mr.R.Rajamoni**&mother-in-law**Mrs.V.Lakshmi**moreover to my lovable husband **Mr.R.Rajasekar** and my dear loving son **Master.R.Jerinjoe**for their constant inspiration, psychological and financial support throughout this study.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ABSTRACT

"A study to assess the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari" was done by Mrs. S. Suji as a partial fulfillment of the requirement for the Degree of Master of Science in Nursing at Sri. K. Ramachandran Naidu College of nursing, Tirunelveli under the Tamil Nadu Dr. M. G. R. Medical University, Chennai during the year of April 2014.

The objectives of the study were:

1. To assess the pre test level of depression among geriatrics in experimental and control group.
2. To assess the post test level of depression among geriatrics in experimental and control group.
3. To find out the effectiveness of reminiscence therapy on level of depression among geriatrics in experimental group.
4. To compare the pre test and post test level of depression among geriatrics in experimental group.
5. To associate the post test level of depression in experimental and control group with their selected demographic variables.

The following hypotheses were formed for the study:

All hypotheses are tested at 0.05 level.

RH_1 - The meanpost test level of depression among geriatrics in experimentalgroup was significantly lower than the mean post test level of depression in control group.

RH_2 - The mean post test level of depression was significantly lower than the meanpre test level of depression in the experimental group.

RH_3 - Therewas a significant association between the post test level of depression among geriatrics in experimental and control group with their selected demographic variables.

The study was based on the Imogene King's Goal Attainment Theory. The Quantitative approach was used for this study. The study was conducted in St. Mary's home for aged and St. Joseph's old age home at Kanyakumari. The design adopted for this study was quasi experimental pre test and post test control group design to evaluate the effectiveness of reminiscence therapy on level of depression among geriatrics. Non probabilitypurposive sampling techniquewas used to select 30 samples for controlgroup from St. Joseph's old age home and the same method was used to select 30 samples for experimental group from St. Mary's home for aged.

The data collection tool used for the study was Modified Yesavitch Geriatric Depression Scale. The content validity of the tool was obtained from four nursing experts and one medical expert in the field of psychiatry. The reliability of the tool($r=0.8$) was established by test retest method by using Karl Pearson's correlation coefficient formula. The tool was accepted as reliable by the clinical experts. Pilot study was conducted to find out the feasibility and done the data analysis.

Data collection was done by using the Modified Yesavitch Geriatric Depression Scale and the data obtained were analyzed both in terms of descriptive and inferential statistics.

The major findings of the study were:

1. In experimental group the post test mean value was 10.8 with the standard deviation of 4.53. In control group the post test mean value was 21.2 with the standard deviation of 4.34. The calculated‘t’ test value was 8.18.
2. In experimental group, it showed the mean value of 21.13 with the standard deviation 4.23 in pre test and a mean value of 10.8 with the standard deviation 4.53 in post test. The mean difference was 10.33. The calculated ‘t’ test value was 9.22.
3. There was a significant association between the post testlevel of depression among geriatrics in the experimental group with the demographic variable period of stay. There was no significant association between the post test level of depression among geriatrics in the experimental group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children and mode of admission at the old age home.
4. There was no significant association between the post testlevel of depression among geriatrics in control group with their selected demographic variables.

On the basis of the findings of the study it is recommended that:

The following studies can be undertaken to strengthen reminiscence therapy as a good remedy for depression among geriatrics.

- ♣ A study can be carried out to assess the quality of life, psychological well being and dementia among the geriatric residents.
- ♣ A study can be conducted with large sample size to generalize the results of the study.
- ♣ A study can be conducted to different population like older adults and widow/widowers.
- ♣ A study can be conducted to middle aged adults, unresolved biographical conflicts, ego integrity and death preparation.
- ♣ Comparative study can be conducted to find out the effectiveness of reminiscence therapy on level of depression among geriatrics residents in old age homes and geriatrics residing with their family.

Conclusion

From the result of the study, it was concluded that providing reminiscence therapy to the geriatrics was effective on level of depression. Therefore the investigator felt that more importance should be given for reminiscence therapy to reduce the level of depression among the geriatrics.

CHAPTER I

INTRODUCTION

"Remembering Yesterday, Caring Today"

-Pam Schweiter

BACKGROUND OF THE STUDY

Aging is not a disease but the final stage of normal life. "Old age is an incurable disease, you do not heal old age, you protect it, you promote it and you extend it".**(Anderson 2002)**

Aging population is large in general and growing due to advancement of health care education. These people are faced with numerous physical, psychological, and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities.**(Archana Singh and Nishi Misra 2009)**

The three common ways of understanding old age are physiological,psychological and socio-cultural. "Years wrinkle the skin, but worry, doubt, fear, anxiety and self distrust wrinkle the soul." The degree of adaptation to the fact of aging is crucial to a man's happiness in the phase of later life. Failure to adapt can result in bitterness, inner withdrawal, weariness of life and depression.**(Sharma O. P 2008)**

Aging has certain causative factors in developing depression. There are certain factors like female gender, widowed and divorced, alteration in neuroamines and receptor side effects, certain medications, physical disability, lack of social support, chronic stress and illness, lack of positive coping style and social support.**(Bhatia 2010)**

As people grow old, the likelihood of experiencing age-related losses increases. Such losses may impede the maintenance or acquisition of desired relationships, resulting in a higher incidence of loneliness. When this occurs in combination with physical disablement, demoralization and depression are common accompaniments.**(Industrial Psychiatry Journal 2009)**

Depression is a hushed killer which is very hard to diagnose among older adults. In the later life, older adults suffer from number of certain illness;one of the major illness is chronic mental illness. Among the mental illness, depression is a common mental health problem in older adults.**(Ramkumar Gupta 2010)**

The typical symptoms of depression includes, decrease in energy and concentration, disturbed sleep and loss of appetite, somatic complaints, low self esteem, feeling of hopelessness and suicidal tendencies.**(Kaplon and Sadocks 2010)**

Depression and other mental health disorders can have serious negative outcomes in geriatrics. In addition to reducing the general quality of life, depressive symptoms in older adults have been linked to earlier mortality, greater disability, and higher healthcare utilization, longer length of hospital stay, increased risk of infections, falls and injury, poorer nutrition and increased risk of suicide.

As a strategy to avoid antidepressant drugs and their side effects, psychotherapeutic approaches can provide significant and sustained benefits in terms of improved quality of life for geriatric patients. One type of psychotherapy that has been researched is participation in reminiscence groups. This intervention is cost effective and relatively free from harmful effects.

Reminiscence is an activity that can allow geriatric people a sense of security through rehearsal of comforting memories, of belonging through sharing, and of self-esteem through confirmation of their uniqueness.**(F.Sharif et al., 2008)**

The idea behind reminiscence therapy is consistent with theories of adult psychological development that were being proposed by the psychologist Erick Erickson. Erickson thought that for the greater part of adulthood, individuals are challenged to find creative, meaningful work in order to avoid feeling stuck. Then in the final phase of life, individuals may try to review where they have been and what they have accomplished in the hope they can feel good about their lives.

Reminiscence therapy, which incorporated both Dr.Butler's insights into life review and Dr. Erickson's theory of psychological development. Reminiscence therapy could be therapeutic was first proposed in 1960s.

Research has shown that geriatrics with symptoms of depression who participate in reminiscence therapy report better self esteem and are more positive about their social relations. They also tend to have a more favorable view of the past and none of the past and are more optimistic about the future.**(Doris M. Daly 2012)**

NEED FOR THE STUDY

Geriatric people are regarded as one of the vulnerable populations in the society. Vulnerable populations are defined as being at risk of poor physical, psychological and or social health and thereby require special care and attention.**(Aday 2001)**

The world's population is aging rapidly. Between 2000 and 2050 the proportion of the world's older adults is estimated to double from about 11% to 22%. In absolute terms this is an expected increase from 605 million to 2 billion people over the age of 60.Older people face special physical and mental health challenges which need to be recognized. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder and 6.6% of all disability among over 60s is attributed to neurological and mental disorders.The most common neuropsychiatric disorders in this age group are dementia and depression. Depression is a common illness worldwide, with an estimated 350 million people affected.

Depression can cause great suffering and leads to impaired functioning in daily life. Unipolar depression occurs in 7% of the general elderly population and it accounts for 1.6% of total disability among over 60 year olds. **(WHO 2013)**

In 2004 the old age population in India contributes 1/20 in the total population. In the year 2002 there was more than 81 million elderly in India and this figure is expected to go up over 324 millions in the year 2050. India's population of senior citizen above 60would reach 173 million by 2026. In Kerala, Tamil Nadu and Karnataka 13% of the total population comes above the age group of 60 by 2060. **(India Current Affairs, 2009)**

In India depression is common among older people. About 10% of them over 65 years have signs of depression. Whereas older people living in residential care 30-50% of them depressed, only 20% of depressed older adults are referred to the psychiatrist with in the first 6 month of the illness. The prevalence of depression episodes are increase among female past history of depression, social isolation, physical ill health and early loss of parents.**(Bhatia 2010)**

Depression reaches its lowest level in the middle aged, at about age 45. Depression reaches its highest level in adults 80 years old or older, because physical dysfunction and low personal control add to personal status losses.**(Mirrowsky J. and Ross C. E 1992)**

Depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes **(Adults in later life with mental health problem 2002).** The report of **Global Burden of Disease** estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability adjusted life years (DALYs) second only to ischemic heart disease.

Life expectancy is steadily increasing, but cites are no longer safe nor friendly neighbors a certainly. The fading joint family system in India and other innumerable

factors have given risk to west inspired phenomena of old age homes. Surprising cost of living and scanty return on savings have almost pushed these senior citizens on roads.**(Directory of old age homes in India, Help age India 1998)**

As per recent statistics in 2004 there are 1018 old age homes in India. Out of these, 427 homes are free of cost while 153 old age homes are on pay and stay basis, 146 homes have both free as well as pay and stay facilities and detailed information is not available for 292 homes. A total of 371 old age homes all over the country are available for the sick and 118 homes are exclusive for women. Major reason for old age persons to join old age home is to meet basic needs (50%), negligence and rejection by family members (40%). **(Department of human development and family studies, Haryana, 2004)**

A study conducted on the problem of old age among institutionalized and non institutionalized older adults of Chennai and Trichy in Tamilnadu showed that the institutionalized elderly had higher prevalence of depression than those non institutionalized. **(Fathima K. S. 2000)**

A study suggested that approximately 60.2% of the community geriatrics surveyed experiences severe loneliness. Issues of depression, self identity, loneliness, and challenges associated with coping with change due to aging are especially important issues for institutionalized geriatrics in eastern culture. Validation therapy, reminiscence therapy and cognitive behavioral therapy have been addressed in the literature as three

ofthe major treatment approaches used in the emotional care of the geriatric person.**(Wang et al.,2001)**

Reminiscence therapy is a nurse initiated intervention that has the major advantages of being cost-effective, creative, therapeutic, social and recreational cognitive therapy for the institutionalized older adults. As a communicative psychological process, reminiscence therapy has proven to be valuable intervention for the depressed elderly clients.**(Cully et al., 2000)**

A study conducted to assess the group integrative reminiscence therapy on self esteem, life satisfaction, and depressive symptoms in institutionalized older veterans Taiwan. A total of 74 participants were studied with pre-and post-tests to measure the effect of group integrative reminiscence therapy. The activity was held once weekly for 12 weeks. The life Satisfaction Index A, self esteem scale and Geriatric Depression Scale were used as research tools. Group integrative reminiscence revealed immediate effects on improving the self –esteem and life satisfaction of institutionalized older veterans, and depressive symptoms were also decreased. Moreover, a sense of positive self-value and belonging to the institution was produced. **(J. Clin 2011)**

A study on effectiveness of integrative and instrumental reminiscence therapies on depressive symptoms reduction in institutionalized older adults was done by the Razi University. Twenty-nine institutionalized older adults with depressive symptoms varying mild to severe constituted the sample. The interventions were implemented in a short-

form group format.Analysis of changes from pre-test to post-test revealed thatintegrative reminiscence therapy led to statistically significant reduction in symptoms of depression in contrast with the control group. Although instrumental reminiscence therapy also reduced depressive symptoms. **(Karimi H. 2010)**

The researcher selected this study, based on the experience of visiting old age home. During the visit the researcher observed that old age people showed interest to share their past life experiences and they have somewhat satisfaction and feel comfort.So the researcher has the idea that this intervention may be effective to reduce the depression.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari.

OBJECTIVES

- To assess the pre test level of depression among geriatrics in experimental and control group.
- To assess the post test level of depression among geriatrics in experimental and control group.
- To find out the effectiveness of reminiscence therapy on level of depression among geriatrics in experimental group.
- To compare the pre test and post test level of depression among geriatrics in experimental group.

- To associate the post test level of depression in experimental and control group with their selected demographic variables (age, gender, marital status, education, employment status, income, religion, no of children , period of stay at old age home and mode of admission).

HYPOTHESES

H_{1}- The mean post test level of depression among geriatrics in experimental group will be significantly lower than the mean post test level of depression in control group.

H_{2}- The mean post test level of depression will be significantly lower than the mean pre test level of depression in the experimental group.

H_{3}- There will be a significant association between the post test level of depression among geriatrics in experimental and control group with their selected demographic variables.

OPERATIAONAL DEFINITIONS

Assess:

It is a process of systematically and continuously, collecting, validating and communicating the patient data regarding the level of depression and effectiveness of reminiscence therapy among geriatrics above 60 years of age who are residing in selected old age homes.

Effectiveness:

It refers to the result of reminiscence therapy on level of depression among geriatrics as measured by modified J. A. Yesavitch Geriatric Depression Scale.

Reminiscence therapy:

Reminiscence therapy is the discussing and sharing of pleasurable personal memories with group of people regarding childhood days, young adult life, friends and friendship, loves and losses, achievements, adjustments to life's changes, social inclusion, stressful experiences, spiritual life, hobbies, current life situation and physical health. Each group session will pose two themesand session last up to 90 minutes. Time provide for each participants approximately 5-7 minutes. Each group consists of 10 participants. Weekly two sessions for three weeks conducted for each group.

Depression:

Depression is the feeling of geriatrics about their loss of financial or loss of loved one characterized by sadness, loss of interest in activities, emptiness and helpless feeling, bored, decreased energy,diminished concentration and avoid social gathering.

Geriatrics:

Geriatrics refers to people above 60 years of age who are having mild, moderate and severe level of depression as measured by modified Yesavitch Geriatric depression scale.

Old age home:

An old age home is multi residence housing where old age people are cared for when they are too old.

ASSUMPTION

- ♣ Aging people who are residing in old age homes may have depression.
- ♣ Aging people enjoy in sharing and recalling the past experiences.
- ♣ Reminiscence therapy may reduce depression.

DELIMITATION

- ♣ The study period is limited to one month.
- ♣ The study is limited to geriatrics residing in the old age homes at Kanyakumari.
- ♣ The study is limited to the geriatrics above 60 years of age.

PROJECTED OUTCOME

1. Reminiscence therapy is effective in reducing the level of depression among geriatrics which will reduce the depression.
2. The findings of the study will help nurses to practice reminiscence therapy as an intervention to reduce depression among geriatrics.

CONCEPTUALFRAMEWORK

The conceptual framework is a set of interrelated concepts that are assembled in together in some rational scheme, in virtue of their relevance to a common theme. Conceptual framework helps to stimulate research and extensive knowledge.**(Polit, 1990).**

The conceptual framework for research presents the measure on which the purpose of the proposed study is based. The framework provides the perspective from which the investigator views the problems.

The study bases the concept that the administration of selected nursing measures i.e. reminiscence therapy to geriatrics in selected old age homes will reduce the depression.

The investigator adopted the Imogene King's Goal Attainment Theory as a base for developing the conceptual framework.

Imogene King's Goal Attainment Theory was proposed by Imogene King in 1890. The Goal Attainment theory was based on the personal and interpersonal systems, which includes the following:

- Interaction
- Perception
- Communication
- Transaction
- Stress

- Growth and development
- Time and action.

Nursing was defined by Imogene King as “A Process of human interactions between the nurses and the client’s whereby each perceives the other and the situation through communications. They set goals, explore means and agree on means to achieve goals”.

Interaction

According to King, each individual brings to an interaction to a different set of values, ideas, attitudes, and perceptions to exchange. It refers to the verbal and nonverbal behavior of individual and the environment and between two or more individuals with a purpose to achieve the goal. Here the investigator provided reminiscence therapy to reduce the level of depression among the geriatrics.

Perception

It refers to the person’s representation of reality. It is universal yet highly subjective and unique to each person. Here the investigator perceives that the geriatrics in the old age home may have depression. The geriatrics also perceives that they are having depression.

Communication

It refers to the information provided by one person to another person either directly or indirectly. The other person receives this information and processes it. Here the investigator explained about reminiscence therapy and its benefits. The geriatrics accepted to do reminiscence therapy every day.

Transaction

In transaction two individuals mutually identify the goals and the means to achieve it. At this stage the investigator assessed the level of depression among geriatrics in order to implement action. If positive outcome is achieved then the intervention is said to be effective, if there is a negative outcome then reassessment to be done.

Stress

When the individual interacts with the environment, an energy response occurs to objects, events, and persons. Here the geriatrics are residing at old age home, thus the environment produces stress in them.

Growth and development

Individuals are in a constant state of molecular, cellular, and behavioral change. Here the geriatrics tried to reduce the level of depression by practicing reminiscence therapy.

Judgment

The investigator judged that reminiscence therapy reduces the level of depression among the geriatrics. The geriatrics judged the need to reduce their level of depression.

Reaction

Theinvestigator and the geriatrics set mutual goals.

Action

The investigator implements the reminiscence therapy to reduce the level of depression among the geriatrics and they set willingness to do reminiscence therapy and to participate in this study.

Time

A person experiences a sequence of events that move towards the future. As the individual moves forward, changes occur. Here the geriatrics practices reminiscence therapy weekly two sessions for 90 minutes. As the day's move they feel free from depression.

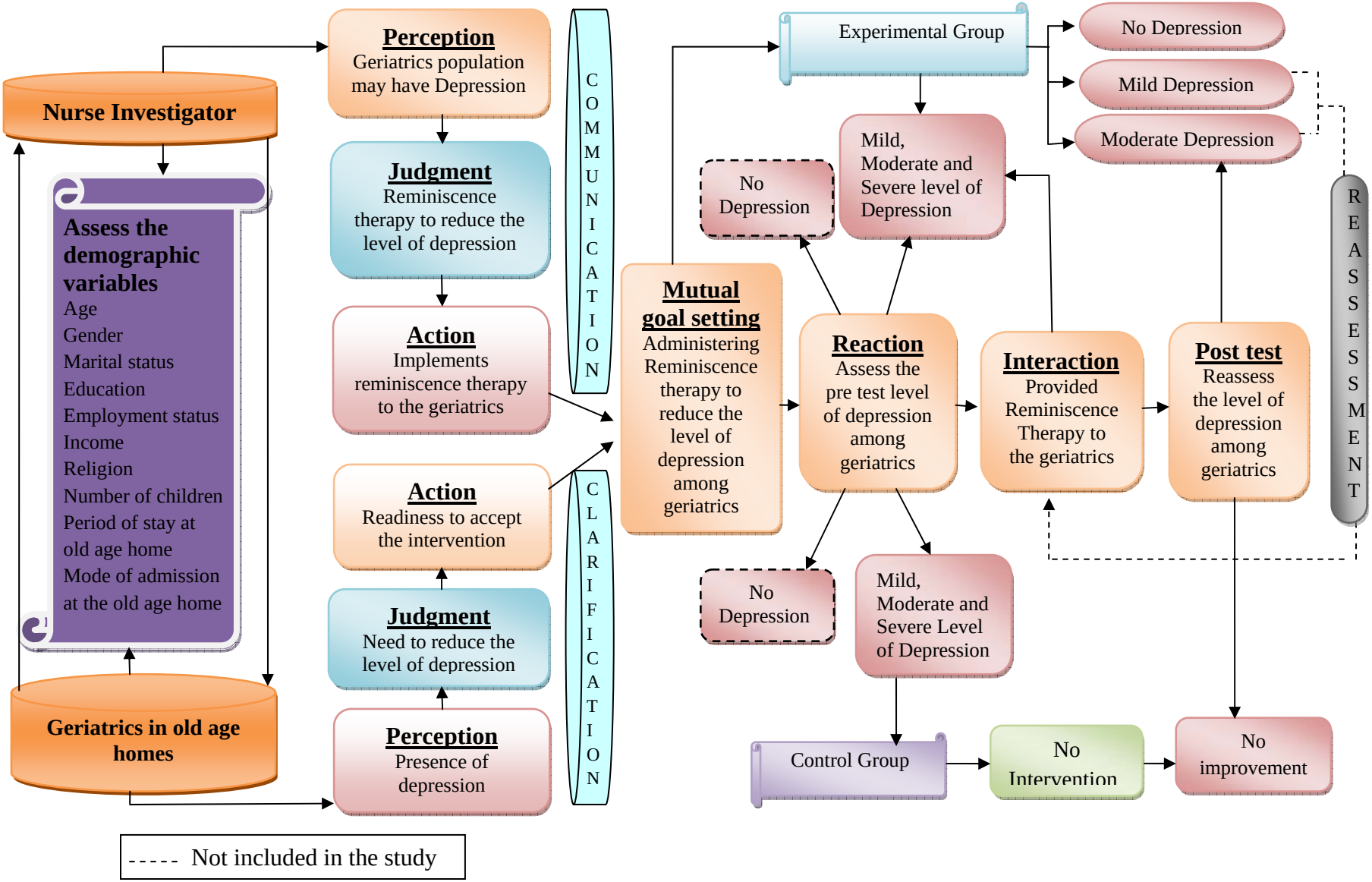

Figure 1: Conceptual framework Based on Modified King's Goal Attainment Theory

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a vital component of the research process. It gives new researcher, orientation for the conduction of the study. It provides the source of research ideas for the new researcher. Review of literature is defined as a critical summary of review on a topic of interest, often prepared to put a research problem in contest **(Polit& Beck, 2006)**

The review of literature in the research report is a summary of current knowledge about a particular practice problem and includes what is known and not known about the problem. The literature is reviewed to summarize knowledge for use in practice or to provide a basis for conducting a study **(Burns, 1997)**.

It is organized under the following sections;

Section-A: Studies related to Depression among geriatrics

Section-B: Studies related to Effectivenessof ReminiscenceTherapy for other Psychiatric conditions.

Section-C: Studies relatedtoEffectiveness ofReminiscence Therapy onDepressionamong geriatrics.

SECTION A: STUDIES RELATED TO DEPRESSION AMONG GERIATRICS

Lena L. Lim and Ee-Heok Kua(2011)conducted a prospective study to examine the effects of living alone and loneliness on depressive symptoms (GDS score) and quality oflife among 2808 community-dwelling elderly (aged ≥55 years) in Singapore, controlling for baseline covariates. GDS score of elderly was worse for those who felt

lonely. The mean GDS score was 34.59 and quality of life assessment score was 12.35 respectively. Thus, study results showed that living alone, and loneliness, was stronger predictors, which worsen the psychological effects of elderly.

Huuhka K. and Leinonen E., (2011)conducted a study on prevalence of severe and psychotic depression in geriatrics reveals that severe depression affects 1 to 4% of the elderly population with symptoms that may differ from those of younger people. Among the elderly, even a severe depressive state has been under diagnosed and may thus remain untreated. The most severe complication of severe and psychotic depression is suicide, as committed by 162 persons over 65 years of age in Finland in 2008.

RahulMahotra et al.,(2010) conducted a study on prevalence of clinically significant depressive symptom among older people in Srilanka. Totally 1181 older adult population were assessed with Geriatric depression scale. The prevalence rate was observed to be 27.8% for men and 30.8% for women. The author quoted that certain subgroup of older adults with disabilities, functional limitation and low income older adults living alone were more likely to report depressive symptoms.

Barua A and Ghosh M. K. et al., (2010)conducted a retrospective study to discover point frequency of depressive disorders among the older adults of the world population. The study was conducted in the continents of Asia, Europe, Australia, North America, and South America. All the studies were conducted between 1955 and 2005. Outcome of the study had shown that the median prevalence rate of depressive disorder in the world among the older population was positive to be 10.3%. The median occurrence rate of depression among the older adults, the Indian population was firm to

be 21.9%. The study concluded that the depression level was significantly elevated among Indians in recent years than the reset of the world.

Jongenelis K. et.al., (2004) conducted study on prevalence and risk indicators of depression in 333 elderly nursing home patientsliving on 14 nursing homes in the north west of the Netherlands. The result showed that the prevalence of major depression was found to be 8.1% and the prevalence of minor depression was found to be 14.1%, whereas 24% of the patients suffered from sub-clinical depression. This study concluded that the prevalence and risk indicators of depression in the nursing home population are very high. The prevalence rates were found to be three to four times higher in the institutionalized elderly than in the community dwelling elderly.

SECTION B: STUDIES RELATED TO EFFECTIVENESS OF REMINISCENCE THERAPY FOR OTHER PSYCHIATRIC CONDITIONS

Zhou W and Yuan Q et al., (2011) conducted a study on the effects of group reminiscence therapy on depressive symptoms, self esteem, and affect balance among community dwelling elderly. Eight communities were randomly selected from 372 eligible communities in Changsha city. They were randomly divided into four experimental groups and four control group. Geriatric Depression scale was used to screen entire 478 older adults living in these 8 communities. One hundred and sixty five of them had a GDS between 11 and 25 among them 125 participated in the study finally.

The elderly group who were in the control group received health education, while the intervention group received both health education and group reminiscence therapy for 6 weeks. Both groups were assessed with the GDS, Self -Esteem Scale, and Affect Balance Scale before and after the 6 week intervention. After 6 weeks therapy the GDS

scores in the intervention group decreased significantly compared to those in the control group.

Chiang K. J et al.,(2010) conducted a study on the effects of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized elderly people. In an experimental study design, 92 institutionalized elderly people aged 65 year and over were recruited and randomly assigned to two groups. Those participants in the experimental group received reminiscence therapy eight times during 2 months to examine the effects of this therapy on their psychological well-being. After providing the reminiscence therapy to the elderly in the experimental group, a significant positive short-term effect (3 months follow-up) on depression, psychological well-being, and loneliness, as compared to those in comparison group was found. Reminiscence therapy in this study sample improved socialization, induced feelings of accomplishment in participants, and assisted to ameliorate depression.

Haslam C.et al., (2010) conducted an intervention study that investigates the impact of group reminiscence and individual reminiscence activities on older adults living in care settings. A total of 73 residents, living in either standard or specialized dementia care units, were randomly assigned to one of three interventions and a group control activity. The intervention took place over 6 weeks, and cognitive screening and well-being measures were administered both pre- and post-intervention. The study result showed that only the group interventions produced effective outcomes: Collective recollection of past memories enhanced memory performance, and engaging in a shared social activity enhanced well-being of elderly. These findings emphasized the need that

group reminiscence intervention is helpful in maintaining and promoting health and well-being.

Mackinlay E. and Trevitt C. (2010) conducted a studyon atotal of 113 older adults with dementia, living in old age homes, were allocated to small groups for spiritual reminiscence, to meet every week over 6weeks or 6months. Quantitative data were gathered using a behavioral scale before and after each spiritual reminiscence session. Qualitative data included taped and transcribed reminiscence sessions, individual interviews, and observer journals. A facilitator led the small-group discussion based on spiritual reminiscence. New relationships were developed among group members that improved life for these people in aged care. This study examines the various aspects of the qualitative data around the themes of 'meaning in life, 'vulnerability and transcendence'.

Hsu Y. C and Wang J. J (2009) conducted a study to determine the effect of group reminiscence on physical function, behavioral competence, and depression among clinically depressed, institutionalized elders. A two group random- assessment quasi-experimental study was conducted in four long-term care facilities in southern Taiwan. The experimental group (n=21) received six to eight group reminiscence sessions over 2 months compared with a routine care control group (n=24). Outcome measurements included the Behavioral Rating Scale, Barthel’s Index, and the Geriatric Depression Scale-short form. Reminiscence sessions resulted in a significant 2-point decrease in the Geriatric Depression Scale-short form and improved behavioral competence. No change was identified in functional ability.

Huang Song-Lin (2009) conducted a study on application of reminiscence treatment to older people with dementia: Reminiscence therapy has been utilized for many years in the treatment of dementia in older people. Purposes of the researches included examining different methods of promoting interactivity, social participation, and cognitive function improvements in those with dementia. This study used pretest and posttest electroencephalography measurements to test reminiscence therapy efficacy on participants. Findings and suggestions were the rising mini mental state examinations and reduction in depression scale scores, although noted, were not significant and self achievement emotional stability, family atmosphere, physical needs of participants were met. The authors recommend that reminiscence group work be promoted in the home for older persons.

Michael T Comana (2009)conducteda study to assess the effect of reminiscence therapy on family coping. The purpose of this pretest posttest experimental study was to determine if participating in six reminiscence therapy sessions would increase family coping strategies of individuals with chronic renal failure and their significant others. Participants completed the family crisis oriented personal evaluation scales before and after participating in 6 weekly sessions of reminiscence therapy in their homes. Statistical analysis reveals that the reminiscence therapy positively affects family coping.

Nomura N., (2009) examined the effect of individual reminiscence therapy in Japanese community-dwelling older adults without dementia. Fifty seven samples were taken. They were randomly assigned to a reminiscence therapy group or a control group. Participants in the reminiscence group completed five or six weekly sessions 30-60 minutes of individual reminiscence therapy. Participant's depression, life satisfaction, and

self-esteem were assessed before and after the sessions. The results suggest that the reminiscence group had a significant improvement in self-esteem. Thus individual reminiscence therapy can be a tool to maintain or improve self-esteem for Japanese older adults without dementia.

Hodges and Schmidt .R, (2009) conducted a study to explore theexperiences and perceptions of past –war immigrants living in multicultural residential aged-care setting in Australia. Semi structured interviews were conducted with the four participants. Data were collected using audiotape and transcribed. Engagement in occupational reminiscence enhances the level of understanding and enables them to recall a person's lived life experience, which adds meaning to one's life. This study concluded that reminiscence therapy with immersion in past life stories allows them to re-experience and share the past emotions and sensations.

Annie M H. Chin, (2007) conducted a Meta analysis study on clinical effects of reminiscence therapy in older adults: This study aimed to examine the clinical effects of reminiscence therapy on the life satisfaction, happiness, depression and self-esteem of older adults aged 50 or above. Potential studies were mainly identified through the keywords: "reminiscence", "life review", "reminiscing" and "mile stoning" from 12 electronic databases; and by manual search from the references and bibliographies of related papers and 14 journals. In addition, 11 mental health, ageing and geriatrics related websites were visited to capture additional studies. All pre-post test design controlled trials before 2001 comparing the life satisfaction, happiness, depression and self-esteem of older adults receiving reminiscence therapy. A total of 15 studies were included for

analysis. Reminiscence therapy showed significant beneficial effects on happiness and depression.

Wang J. J., (2007) conducted study on group reminiscence therapy for cognitive and affective function of demented elderly in Taiwan. A randomized controlled trial based on a two group pre-and post-test design was used. The sample consisted of 102 subjects, with 51 in the experimental group and 51 in the control group. The experimental group underwent eight group sessions, one session per week. The measurements were performed using Mini-Mental State Examination, Geriatric Depression Scale, and Cornell Scale for Depression in Dementia. Results indicating that the cognitive function of the experimental subjects increased and their depressive symptoms diminished following intervention.

Kim K.B et al., (2006) conducted a study to analyze the effects of individual reminiscence therapy on depression, morale, and the quality of life among elderly in Korea. Thirty one elderly individuals were selected from elderly resident centre. Individual reminiscence therapy was given to elderly four times, once a week for an hour. Data was gathered using the Geriatric Depression Scale Short Form Korea for assessment of depression, Mun Ae-ri's (1996) scale for morale, and Medical Outcomes Study Short Form 36 (SF-36) for the quality of life. The results shown that individual reminiscence therapy reduced depression, enhanced morale and improved quality of life among elderly.

Ando M (2006) conducted preliminary study of reminiscence therapy on depression and self esteem in cancer patients. The present study investigated the use of life review, a form of reminiscence, on the depression and self esteem in cancer patients.

Fifteen cancer patients in the experimental group participated in individual reminiscence therapy. Twenty one patients in the comparison group received no therapy. All patients were measured on the both depression and self esteem scales during two testing periods. Analyses showed mean depression scores of the cancer patients decreased and mean self-esteem increased significantly after the life- review therapy sessions, while the scores of the comparison group did not change**.**

Chao and Shu- Yuan., (2006) conducted a study on the effects of reminiscence therapy on depression, self esteem, and life satisfaction of elderly nursing home residents. In this study one-ward residents were taken as control group and another group was considered as experimental group. Nine weekly – one- hour sessions were designed for this study. Results indicated that group reminiscence therapy significantly improved self-esteem, although effects on depression and life satisfaction were not significant.

Namura N. and Hashimoto T.,(2006) conducted a study on the effectiveness of group reminiscence therapy in Japanese elderly community. The relationship between the effectiveness of reminiscence therapy and styles of daily reminiscence was also examined. Participants were recruited from a welfare center of a community. The reminiscence group and the control group consisted of 22 and 26 participants. They completed the assessment of anxiety and insomnia, depression, integrity, life satisfaction and self-esteem before and after the intervention and in 12 week follow-up. Participants in the reminiscence group took eight one-hour weekly sessions. Results showed that the reminiscence group showed improvement in life satisfaction after the intervention. Results also revealed that the frequency of daily reminiscence positively correlated with

self-esteem at the posttest, suggesting that older adults reminiscing frequently may improve self-esteem when they participate in reminiscence therapy.

Jing-Jy Wanga., (2004) examined the effects of reminiscence on four selected mental health indicators, including depressive symptoms, mood status, self-esteem, and self-health perception of elderly people residing in community care facilities and at home. Each subject was administered pre- and post- tests at a 4 month interval but subjects in the experimental group underwent weekly intervention. Ninety-four subjects completed the study, with 48 in the control group and 46 in the experimental group. A significant difference was found between experimental and control group in post-test mood status and significant differences were noted in self-health perception, depressive symptoms, and mood status between the pretest and posttest intervention in the institutionalized group.

SECTION C: STUDIES RELATED TO EFFECTIVENESS OF REMINISCENCE THERAPY ON DEPRESSION AMONG GERIATRICS

Ting J. J et al.,(2012) conducted the study on effects of reminiscence therapy on depressive symptoms of Chinese elderly. Sixty older adults (≥60 years of age) with mild to moderate depression will be randomly assigned to an experimental or a control group. The participants in the experimental group will receive the reminiscence therapy consists of six weekly sessions of 90 minute each. Symptoms of depression will be measured with the Geriatric Depression Scale. The study findings indicated that reminiscence therapy is effective for the elderly with depression.

Chippendale T and Bear-Lehman J., (2012)conducted a study on effect of life review writing on depressive symptoms in older adults. The study design was a randomized controlled trial that took place in four senior residences in New York City. Forty five participants 23 treatment group and 22 waiting list control group. Sixty five years old participated in the 8 week, once weekly autobiographical writing workshop, Share Your Life Story (Sierpina, 2002). Results shows that depressive symptoms were significantly less prevalent for the treatment group than for the control group after the 8 week life review program.

Stinson C. K.,(2010) conducted a study that Structured reminiscence as a cognitive behavior approach for dealing with depression among older women living in United States. Structured reminiscence therapy offered twice weekly for 6-week duration to assess significant improvement in depression scores. Engagement in reminiscence sessions showed significant improvement in depression scores.

Afonso R. **and Bueno B., (2010)** conducted astudy to analyze the role of the type of autobiographical memories reported by an individual reminiscence program to explain the decrease of depressive symptoms was found in elderly Portuguese people. A quasi-experimental design was used with pre- and post-test evaluations of the type of autobiographical memories. In this study, participants were 90 people over 65 years old with depressive symptoms, no antidepressive medication, and no signs of dementia. The participants were randomly assigned to one of three groups: experimental group ,control group or placebo-control group. The results of the study indicated that, in the participants of the experimental group, significant improvements were found in depressive symptoms the mean values decreased from 39.87.

Watt and Cappeliez., (2010) conducted an integrative and instrumental reminiscence therapy for depression in older adults. Twenty-six older adults with moderate to severe depression constituted the sample. Evaluation of the clinical significance of the results showed that both reminiscence therapies led to significant improvements in the symptoms of depression at the end of the intervention. In the integrative group, 58% of clients demonstrated clinically significant improvement at post-test, yielding an effect size of 0.86. At follow-up three months later, 100% of integrative clients had improved clinically. In the instrumental group, 56% of clients demonstrated clinically significant improvement at post-test and 88% improved at the follow-up.

Bohlmeijer E. and Kramer et.,al (2009) conducteda quasi-experimental study on the effects of a new intervention , integrative reminiscence with narrative therapy. The program consists of seven sessions of two hours and one follow-up session after 8 weeks. It is directed at community-dwelling people of 55 years and older with mild to moderate depressive symptoms. After the intervention the participants showed significantly less depressive symptoms and higher mastery, also in comparison with a waiting-list control group.

Shellman J.M, Mokel M, and Hewitt N., (2009) conducted a study to analyze the effectiveness of integrative reminiscence therapy sessions to reduce the depression among elderly in African Americans. Randomly 56 community elders into a reminiscence intervention group, attention control group,or true control group. Data were collected using Centre for Epidemiological Studies Depression Scale. The post test mean score for the reminiscence group was 6.8 significantly different from the control group

14.6 and the health education group 11.7. The results suggest that integrative reminiscence therapy has a positive effect on decreasing depressive symptoms among elderly.

Fry P.S., (2008) conducted structured and unstructured reminiscence training and depression among one hundred and sixty two depressed Caucasian elderly were treatment and controlsubjects for a therapeutic intervention designed to test the efficacy of structured and unstructured reminiscence training for subjects' depression. Pre-and post treatment measures of depression, ego-strength and self-assessment ratings were obtained. Consistent with hypotheses, a multivariate analysis revealed that subjects trained in structured reminiscence showed significantly greater improvement on the dependent measures than did subjects trained in unstructured reminiscence. Overall, subjects in both structured and unstructured reminiscence conditions reported more improvement than the no-treatment control subjects.

Jones E.D and Beck-Little R., (2005) conducted a study on the use of reminiscence therapy for the treatment of depression in rural dwelling older adults. It has been shown that depressed elders living in rural areas resist treatment from mental health services for a variety of different reasons. For those elders, reminiscence therapy may prove an extremely beneficial alternative to more traditional treatment modalities in reducing the effects of depression and depressive symptoms.

CHAPTER- III

RESEARCH METHODOLOGY

Research methodology refers to the techniques used to structure a study and to gather and analyze information in a systematic fashion. **(Polit&Hungler, 2008).**

Methodology includes the steps, procedures and strategies for gathering and analyzing the data in the research investigation.

This chapter consists of research approach, research design, variables, setting of the study, population, sample, sample size, sampling technique, criteria for selection of sample, development and description of the tool, scoring procedure, intervention, content validity, reliability, pilot study, data collection procedure, plan for data analysis and protection of human rights.

RESEARCH APPROACH

The approach adopted for the study was quantitative approach.

RESEARCH DESIGN

Quasi experimental pretest and posttest control group design was adapted for this study. It is diagrammatically represented as:

GROUP	PRETEST	INTERVENTION	POSTTEST
Experimentalgroup	O_1	X	O_2
Control group	O_1	-	O_2

Figure 2: Schematic representation of Research Design

Key:

O_1–pretest of experimental group.

O_1 – pretest of control group.

X - Reminiscence therapy

O_2 – Posttest of experimental group.

O_2 – posttest of control group

VARIABLES

Independent variable:

Independent variable of this study was reminiscencetherapy.

Dependent variable:

Dependent variable of this study waslevel of depression.

SETTING OF THE STUDY

The study was conducted in St. Mary's home for aged and St. Joseph's old age home at Kanyakumari. The St. Mary's home for aged was situated in Matthar which is 190 km away from Sri. K. Ramachandran Naidu College of Nursing. The total population in the St. Mary's home for aged was 47 including both sexes. The St. Joseph's old age home is situated in Plankalai which is 185 km away from Sri.K.Ramachandran Naidu College of Nursing with the total population of62 including both sexes. In both the homes they are rendering services to the old age people at free of cost.

POPULATION

The study population comprises of geriatrics above 60 years of age who are residing in selected old age home.

SAMPLE

The geriatrics who fulfilled the inclusive criteria from the St. Mary's home for aged and the St. Joseph's old age home were samples of the study.

SAMPLE SIZE

The sample size consists of sixty geriatrics, among them thirty samples were allotted for experimental group and thirty samples were allotted for control group.

SAMPLING TECHNIQUE

Non probability purposive sampling technique was used for this study. The study was conducted in St. Mary's home for aged and St. Joseph's old age homes at Kanyakumari. The total population of St. Mary's home for aged was 47 including both sexes. From the total population the researcher selected 39 geriatricswho were in the age group of above 60 years.The pre test was given with Modified Geriatric Depression scale to all the 39 geriatrics and scoring was done. Based on the scores and inclusion criteria the researcher assigned 30 samples to the experimental group. In the same way control group samples were selected from St. Joseph's old age home. The total population of St. Joseph's old age home was 62 which including both sexes. Among the total population the researcher selected 53geriatricswho were in the age group of above 60 years. The pre test was given with ModifiedGeriatric Depression scale and scoring was done for all the 53 geriatrics. Based on the scores and inclusive criteria the researcher assigned 30 samples to the control group.

CRITERIA FOR SELECTION OF SAMPLE

The samples were selected based on the following criteria,

Inclusive criteria:

1. Male and female geriatrics in the age group of above 60 years.
2. The geriatrics who were residing at St. Mary's home for aged and St.Joseph's old age home at Kanyakumari
3. Geriatrics who were willing to participate in this study.
4. Geriatrics having mild, moderate, and severe level of depression
5. Geriatrics whocan speak and understand Tamil were included in this study.

Exclusive criteria:

1. Geriatrics with hearing impairment.
2. Geriatrics suffering from systemic illness.
3. Geriatrics previously diagnosed as depression and under regular treatment.
4. Geriatrics previously undergone reminiscence therapy.

DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool comprises of two sections.

SECTION: A- DEMOGRAPHIC VARIABLES

Section- A consists of demographic variables includes age, gender, marital status, education, employment status, income, religion, number of children ,period of stay at old age homeand mode of admission at the old age home.

SECTION: B– MODIFIED YESAVITCH GERIATRIC DEPRESSION SCALE

Section-B consists of ModifiedYesavitchself-ratedgeriatric depression scale consisting of 30 items questions has "yes or no" options.

SCORING PROCEDURE

SECTION: B- MODIFIEDYESAVITCH GERIATRIC DEPRESSION SCALE

MODIFIED YESAVITCH GERIATRIC DEPRESSION SCALE was used for the study.It consists of 30 questions and each has “yes or no”options. Out of 30 questions 20 are positive questions and 20 are negative questions. In the Positive questions “yes “scored as 1 mark and “no” scored as 0 marks. In the Negative questions “no” scored as 1 mark and “yes” scored as 0 marks.

SCORING KEY

The level of depression is categorized as

DESCRIPTION	SCORE
No depression	0-9
Mild depression	10-16
Moderate depression	17-23
Severe depression	24-30

INTERVENTION

Procedure for doing reminiscence therapy:

Reminiscence therapy is a form of psychotherapeutic approach which involves the recalling and re-experiencing of one’s life events that can allow geriatric people a sense of security through rehearsal of comforting memories, of belonging through sharing, and of self esteem through confirmation of their uniqueness. Reminiscence therapy is a cost effective and relatively free from harmful effects. Reminiscing encourages older people to become actively involved in relieving and sharing their past with others. Although

reminiscence involves recalling past events it encourages the elderly to communicate and interact with a listener in the present.

Steps of therapy:

- Theresearcherestablished rapport with the participants.
- The participants in the experimental groupwere made to sit in a circular fashion facing each other and researcher is the moderator to guide the therapy.
- The researcher posed twothemes per session to the group(childhood days, young adult life, friends and friendship, loves and losses, achievements, adjustments to life's changes, social inclusion, stressful experiences, spiritual life, hobbies, current life situation and physical health).
- The researcher explained to the geriatrics that the memories of these themes should be related to experiences with a significant impact on their life.
- The first session begins with geriatrics self-introductions to get to know each other.
- Except for the first session, the other sessions share the same procedure, including: homework review and agenda development (10 minutes), relaxation and focusing on reminiscence (5minutes),contact work (50minutes),feedback to clients (15 minutes), assignment of homework (5 minutes), feedback to researcher and questions (5 minutes). In the 6^{th} session other than assignment of homework all other events shared by the researcher and geriatrics.
- During each therapy process, Contact work is a one-to-one encounter between a researcher and geriatrics. The researcher invites the geriatrics to share his/ her memory about the theme, which he/ she is asked to prepare before the meeting.

- Each memberhas an opportunity to express his/ her experience, while other members listen and give no comment or judgment. Time provide for each participants approximately 5-7 minutes.
- The researcher has vigilant enough to shift the focus away from any negative or emotions of the group. Each session last up to 90 minutes.

CONTENT VALIDITY

Content validity of the tool was established after obtaining certification from four nursing experts and one medical expert in the field of psychiatry. The suggestions given by the experts were incorporated in the final tool after consultation with the research guide.

RELIABILITY

Reliability of the tool was established by test-retest method by using Karl Pearson's correlation coefficient. The reliability score was r=0.8 which showed a highly positive correlation of the tool. Hence the tool was considered reliable for preceding the main study.

PILOT STUDY

The pilot study was conducted in Anpakam old age home at Kanyakumariafter obtaining formal permission from the principal and the research and ethical committee of Sri.K.Ramachandran NaiduCollege of Nursing and from the director of Anpakam old age home at Kanyakumariand the study was conducted from 16.7.2013 to 31.7.2013.

Intervention was given90 minutes a day for six days in two days interval. The evening 4 Pm to 5.30 Pm.

The investigator introduced herself to the geriatrics and established rapport with them. The investigator explained everything regarding the study and obtained an informed consent from them. Data pertaining to the demographic variables were collected. The total population of the Anpakam old age home was 50 which include32 females and 18 males. The investigator selected 25geriatrics within the age group of above 60 years. The pre test was done with modified YesavitchGeriatric Depression Scale and scoring was done for all the 25 geriatrics. Based on the scores and inclusion criteria, six samples were selected. Out of the six samples 3 were allotted for experimental group and 3 were allotted for control group.Reminiscence therapy was given two days interval for 90 minutes for 6 days only to the experimental group. Everyday each individual reminisced with two themes (childhood days, young adult life, friends and friendship, loves and losses, achievements, adjustments to life's changes, social inclusion, stressful experiences, spiritual life, hobbies, current life situation and physical health). At the end of the intervention post test level of depression was assessed by using the same tool and scored for both the groups and result of the study was assessed for its effectiveness.

The pilot study revealed that there was a highly significant difference between the post test level of depression among the experimental and control group of geriatrics at $P<0.05$ level.

The result of the pilot study showed that the study was feasible and practicable to conduct the main study. There was no modification made in the tool after the pilot study.

DATACOLLECTION PROCEDURE

Formal permission was obtained from the Principal, Research and Ethical committee of Sri. K. Ramachandran Naidu College of Nursing and the Director of the St. Mary's home for aged and St. Joseph's old age home respectively. Data collection was done in St. Mary's and St. Joseph's old age home from 01.08.2013 to 31.08.2013. Every day evening 4 Pm to 5.30 Pm reminiscence therapy was given to the geriatrics.

The investigator introduced herself to the geriatrics and established rapport with them during the data collection procedure. The participants were assured that no physical or emotional harm would be done to them during the course of the study. The investigator obtained an informed consent from each sample.

The total population of St. Mary's home for aged was 47 including both sexes. From the total population the researcher selected 39 geriatrics who were fulfill the aging above 60 years. The pre test was given with modified Yesavitch Geriatric Depression scale to all the 39 geriatrics and scoring was done. Based on the scores and inclusion criteria the researcher assigned 30 samples to the experimental group. In the same way control group samples were selected from St. Joseph's old age home. The total population of St. Joseph's old age home was 62 which including both sexes. Among the total population the researcher selected 53 geriatrics who were in the age group of above 60 years. The pre test was given with modified Yesavitch Geriatric Depression scale and scoring was done for all the 53 geriatrics. Based on the scores and inclusive criteria the researcher assigned 30 samples to the control group.

Reminiscence therapy was given only to the experimental group for three weeks six sessions. The experimental group was further divided into three subgroups and each group consists of 10 members. Reminiscence therapy was given to the three groups weekly two sessions. The schedule for the intervention as follows:

Groups	Days
I Group	Monday & Thursday
II Group	Tuesday & Friday
III Group	Wednesday & Saturday

The post test was done on the lastweek of intervention. The collected datawere analyzedand interpretated.

PLAN FORDATAANALYSIS

Both descriptive and inferential statistics were used for data analysis.

Descriptive Statistics

- Frequencyand percentage distribution was used to analyze the demographic variables.
- Frequency and percentage distribution was used to assess the level of depression of geriatrics.
- Mean and standard deviation was used to assess the level of depression among the geriatrics.

Inferential Statistics:

- ♣ Unpaired‘t’ test was used to compare the post test level of depression of experimental and control group of geriatrics.
- ♣ Paired‘t’ test was used to compare the pre and post test level of depression of the experimental and control group of geriatrics.
- ♣ Chi-square test was used to find out the association between the post test level of depression of geriatrics in the experimental and control group with their selected demographic variables.

PROTECTION OF HUMAN RIGHTS

The proposed study was conducted after obtaining formal permission from the Principal, Research and ethical committee of Sri. K. Ramachandran Naidu College of Nursing and the authorities of St. Joseph’s old age home and St. Mary’s home for aged. The informed consent was obtained from each study participants. The participants were informed that the responses provided by them will be kept confidential. The participants were assured that there will not be any harm caused to them during the course of the study.

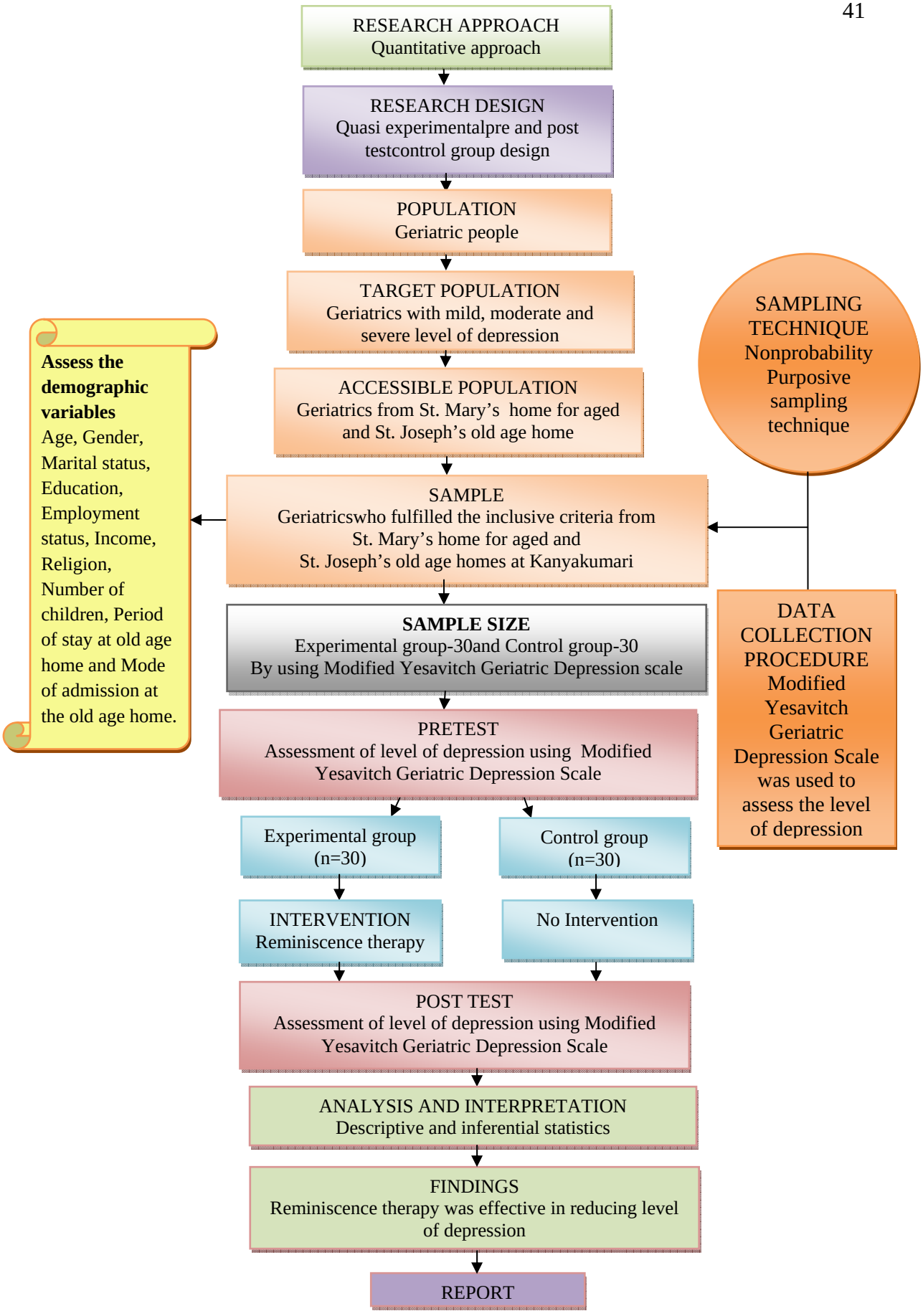

Figure 3: Schematic representation of research methodology

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data related to assessing the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari.

Descriptive and inferential statistics were used for analyzing the data on the basis of the objectives of the study.

The data has been tabulated and organized as follows.

ORGANIZATION OF DATA

Section A: Description of demographic variables of the geriatrics in experimental and control group.

- Frequency and percentage distribution of demographic variables of the geriatrics with respect to age, gender, marital status, education, employment status, income, religion, number of children, period of stay at old age home and mode of admission at the old age home in experimental and control group.

Section B: Assessment of the level of depression in experimental and control group of geriatrics.

- Frequency and percentage distribution of pre test level of depression in experimental and control group of geriatrics.
- Frequency and percentage distribution of post test level of depression in experimental and control group of geriatrics.

Section C:Comparison of the effects of reminiscence therapy on the level of depression among the experimental and control group of geriatrics.

- Mean and standard deviation of the pre test level of depression among experimental group and control group of geriatrics.
- Mean and standard deviation of the post test level of depression among experimental group and control group of geriatrics.
- Mean and standard deviation of pre and post test level of depression among experimental group of geriatrics.

Section D: Association of the post test level of depression among the geriatrics in experimental group and control group with their selected demographic variables.

- Association of the post test level of depression among the geriatrics in experimental group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children, period of stay at old age home and mode of admission at the old age home.
- Association of the post test level of depression among the geriatrics in control group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children, period of stay at old age home and mode of admission at the old age home.

SECTION A: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE GERIATRICS IN EXPERIMENTAL AND CONTROL GROUP.

Table I: Frequency and percentage distribution of demographicvariables of the geriatricswith respect to age, gender, marital status, education,employment status,income, religion, number of children, period of stay at the old age home and mode of admission at the old age home in experimental and control group.

(N=60)

SI. No	Demographic variables	Experimental Group		Control Group	
		f	%	f	%
1.	**Age**				
	1. 61-70 years	9	30	10	33.34
	2. 71-80 years	11	36.67	10	33.33
	3. 81-90 years	6	20	6	20
	4. Above 90 years	4	13.33	4	13.33
2.	**Gender**				
	1. Male	11	36.67	10	33.33
	2. Female	19	63.33	20	66.67
3.	**Marital status**				
	1. Unmarried	5	16.67	5	16.67
	2. Married	11	36.66	6	20
	3. Divorced	-	-	1	3.33
	4. Widow/ Widower	9	30	16	53.33
	5. Separated	5	16.67	2	6.67

4.	**Education**				
	1. Illiterate	9	30	5	16.67
	2. Only School education	17	56.67	23	76.67
	3. Graduate	4	13.33	2	6.66
	4. Post Graduate	-	-	-	-
5.	**Employment status**				
	1. Unemployed	10	33.34	8	26.67
	2. Coolie	10	33.33	17	56.67
	3. Private job	7	23.33	2	6.66
	4. Government job	3	10	3	10
6.	**Income**				
	1. Below Rs 3,000	19	63.33	19	63.34
	2. Rs 3,001-5,000	8	26.67	7	23.33
	3. Rs 5,001-10,000	1	3.34	3	10
	4. Above Rs 10,000	2	6.66	1	3.33
7.	**Religion**				
	1. Hindu	15	50	14	46.67
	2. Muslim	-	-	-	-
	3. Christian	15	50	16	53.33
8.	**Number of children**				
	1. No children	12	40	10	33.33
	2. One child	6	20	2	6.67
	3. Two children	2	6.67	4	13.33
	4. Three children	4	13.33	5	16.67
	5. Four children and above	6	20	9	30
9.	**Period of stay at old age home**				
	1. Below 1 year	10	33.33	5	16.67
	2. 1-3 years	6	20	9	30
	3. 3-5 years	3	10	9	30
	4. Above 5 years	11	36.67	7	23.33

10.	**Mode of admission at the old age home**				
	1. Voluntary admission	10	33.34	5	16.67
	2. Admission by relatives	13	43.33	17	56.67
	3. Admission through police	1	3.33	-	-
	4. Admission by nongovernmental organizations	6	20	8	26.66

Table 1describes the frequency and percentage distribution of demographic variables of the geriatrics with respect to age, gender, marital status, education, employment status, income, religion, number of children, period of stay at the old age home and mode of admission at the old age home in experimental group and control group.

With regard to age in experimental group, out of 30 samples 9 (30%) ofthe geriatrics belongs to the age between 61 to 70 years, 11 (36.67%) of the geriatrics belongs to the age between 71 to 80 years, 6 (20%) of the geriatrics belongs to the age between 81 to 90 years and 4 (13.33%) of the geriatrics werein the age group of above 90 years. Whereas in control group out of 30 samples 10 (33.34%) of the geriatrics belongs to the age between 61 to 70 years, 10 (33.33%) of the geriatrics belongs to the age between 71 to 80 years, 6 (20%) of the geriatrics belongs to the age between 81 to 90 years and the remaining 4 (13.33%) of the geriatrics were in the age group of above 90 years.

With respect to gender in the experimental group out of 30 samples 11 (36.67%) of them were males and 19 (63.33%) of them were females. Whereas in the control group out of 30 samples 10 (33.33%) of them were males and 20 (66.67%) of them were females.

With respect to marital status in the experimental group out of 30 samples 5 (16.67%) of them were unmarried, 11(36.66%) of them were married, 9(30%) of them were widow/ widower, 5(16.67%) of them were separated and none of them were divorced. Whereas in the control group out of 30 samples 5(16.67%) of them were unmarried, 6(20%) of them were married, 1(3.33%) of them was divorced, 16(53.33%) of them were widow/ widower, and 2(6.67%) of them were separated.

With respect to education in the experimental group out of 30 samples 9 (30%) of them wereilliterates, 17(56.67%) of them had only school education, 4 (13.33%) of them were graduates and none of them had post graduate education. Whereas in the control group out of 30 samples 5(16.67%) of them were illiterates, 23(76.67%) of them had only school education, 2(6.66%) of them were graduates, and none of them had post graduate education.

With respect to employment status in the experimental group, out of 30 samples 10(33.34%) of them were unemployed, 10(33.33%) of them were coolies, 7(23.33%)of them had private job, and 3(10%) of them had government job. Whereas in the control group out of 30 samples 8(26.67%) of them were unemployed, 17(56.67%) of them were coolies, 2(6.66%) of them had private job, and 3(10%) of them had government job.

With regard tomonthly income in the experimental group, out of 30 samples 19 (63.33%) of them belong to the income below Rs.3000, 8(26.67%) of them belong to the income category of Rs.3001 to Rs.5000, 1(3.34%) of them belong to the income category of Rs.5001 to Rs. 10,000 and 2 (6.66%) of them belongs to the category of above Rs.10000.Whereas in the control group, out of 30 samples 19(63.34%) of them belong to

the income below Rs.3000, 7 (23.33%) of them belong to the income category of Rs.3001 to Rs.5000, 3(10%) of them belong to the income category of Rs.5001 to Rs.10,000 and 1 (3.33%) of them belongs to the category of above Rs.10,000.

With respect to religion in the experimental group, out of 30 samples 15(50%) of them were Hindus, 15(50%) of them were Christians and none of them were Muslims. Whereas in the control group out of 30 samples 14(46.67%) of them were Hindus, 16(53.33%) of them were Christians and none of them were Muslims.

With respect to number of children in the experimental group out of 30 samples 12(40%) of them had no children, 6(20%) of them had one child, 2(6.67%) of them had two children, 4(13.33%) of them had three children, and 6 (20%) of them had four children and above. Whereas in the control group out of 30 samples 10(33.33%) of them had no children, 2(6.67%) of them had one child, 4(13.33%) of them had two children, 5(16.67%) of them had three children, and 9(30%)of them had four children and above.

With respect to period of stay at old age home in the experimental group, out of 30 samples 10(33.33%) of them were staying below 1 year, 6(20%) of them were staying 1 to 3 years, 3(10%) of them were staying 3 to 5 years, and 11(36.67%) of them were staying above 5 years. Whereas in the control group out of 30 samples 5(16.67%) of them were staying below 1 year, 9(30%) of them were staying 1 to 3 years, 9(30%) of them were staying 3to 5 years, and 7(23.33%) of them were staying above 5 years.

With respect to mode of admission at the old age home in the experimental group, out of 30 samples 10(33.34%) of them were admitted by voluntary admission,

13(43.33%) of them were admitted by relatives, 1 (3.33%) of them were admitted through police, and 6 (20) of them were admitted through nongovernmental organizations.Whereas in the control group out of 30 samples 5(16.67%) of them were admitted by voluntary admission, 17(56.67%) of them were admitted by relatives, 8(26.66%) of them were admitted through nongovernmental organizations and none of them were admitted through police.

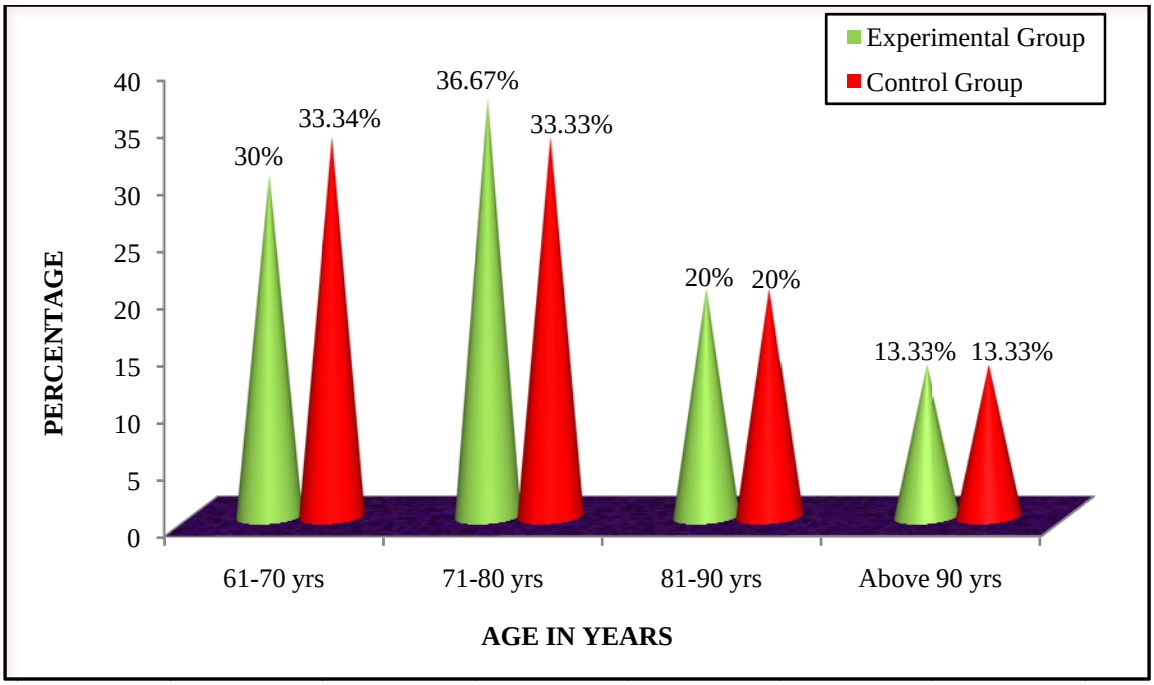

Figure 4: Percentage distribution of age in experimental and control group.

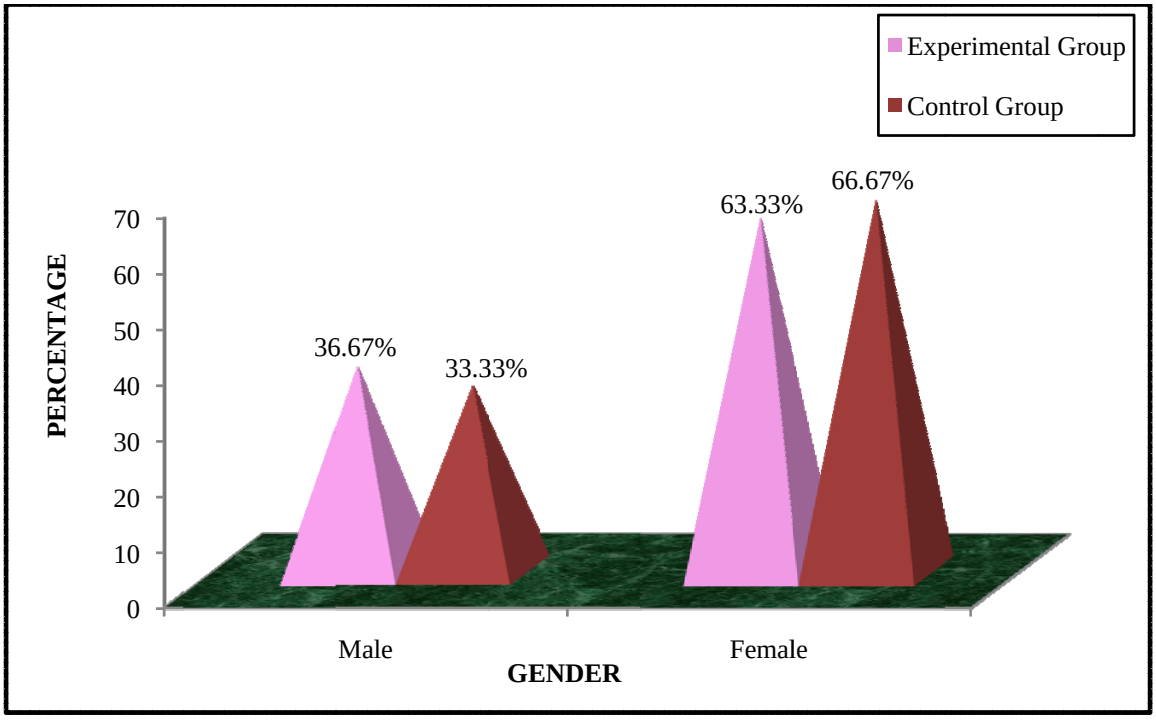

Figure 5: Percentage distribution of gender in experimental and control group

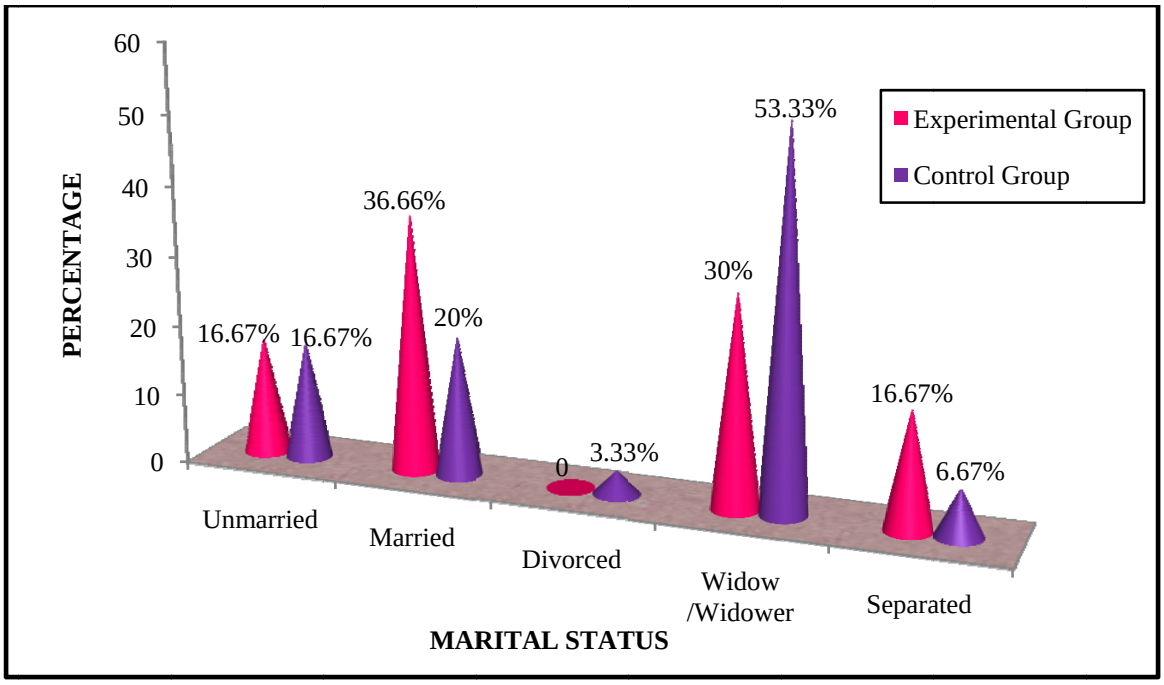

Figure 6: Percentage distribution of marital status in experimental and control group

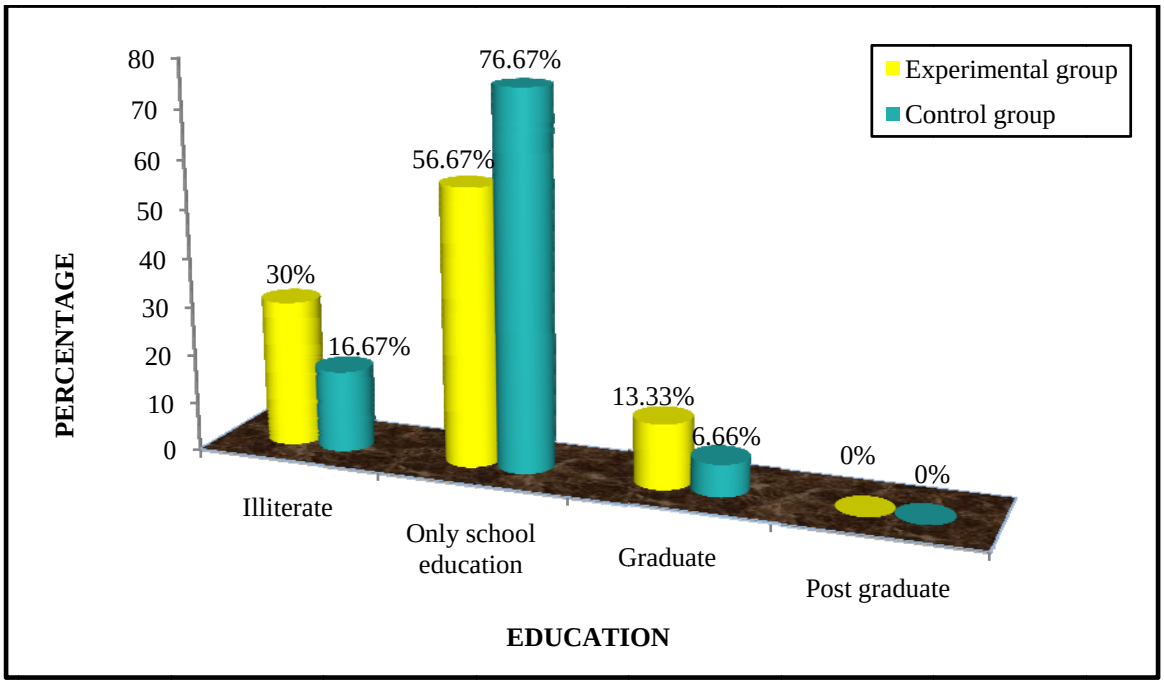

Figure 7: Percentage distribution of education in experimental and control group

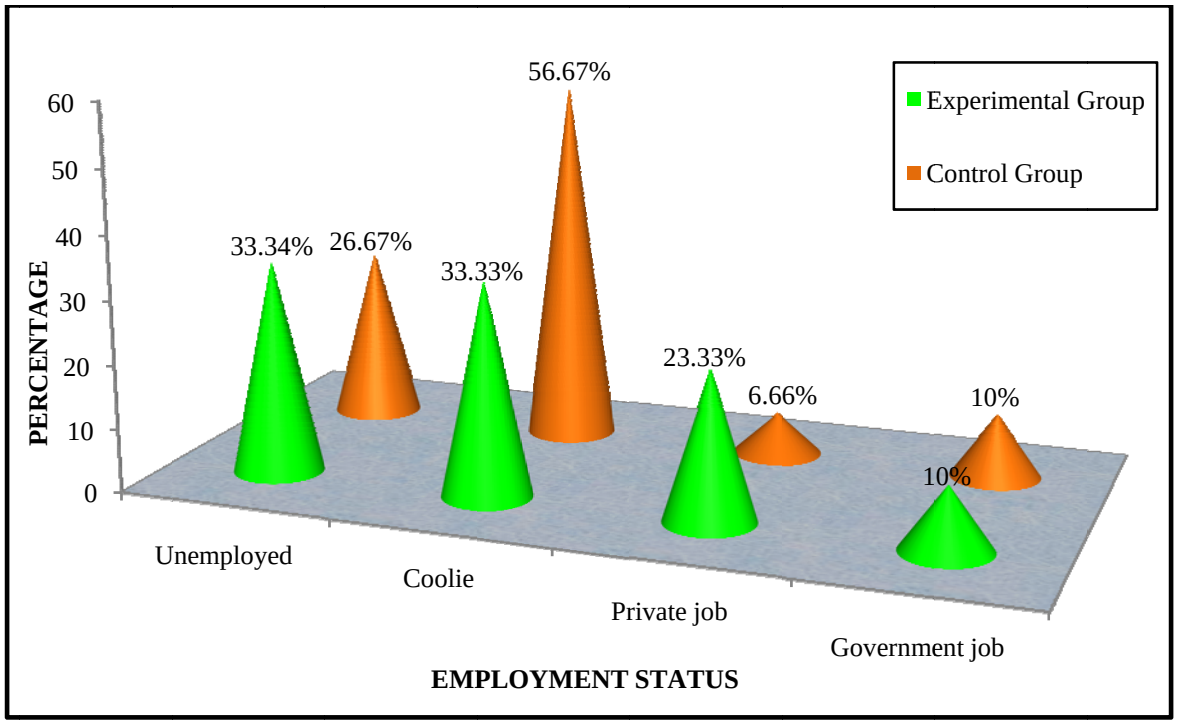

Figure 8: Percentage distribution of employment status in experimental and control group

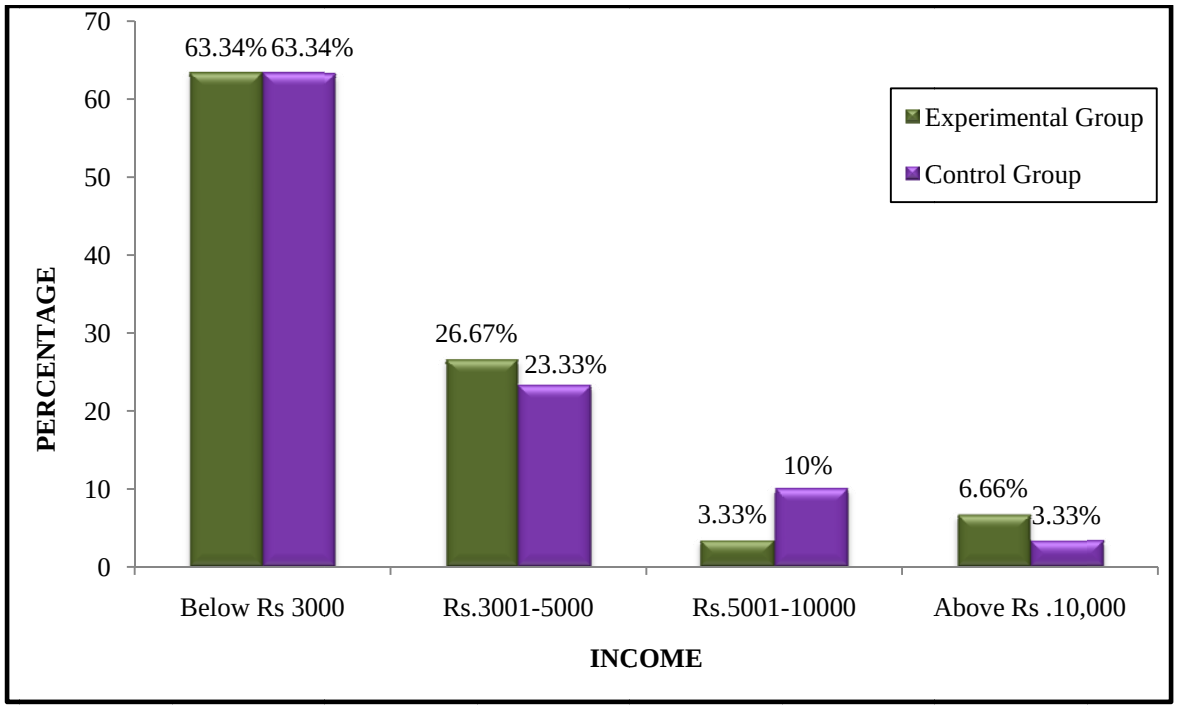

Figure 9: Percentage distribution of income in experimental and control group

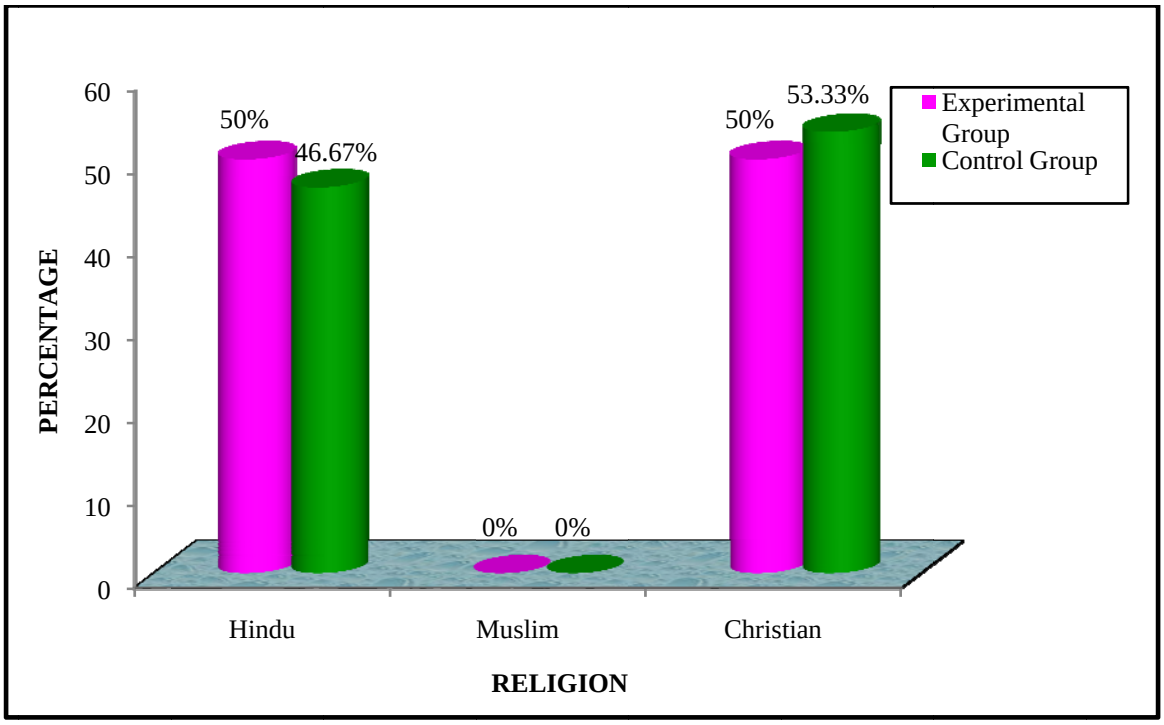

Figure 10: Percentage distribution of religion in experimental and control group

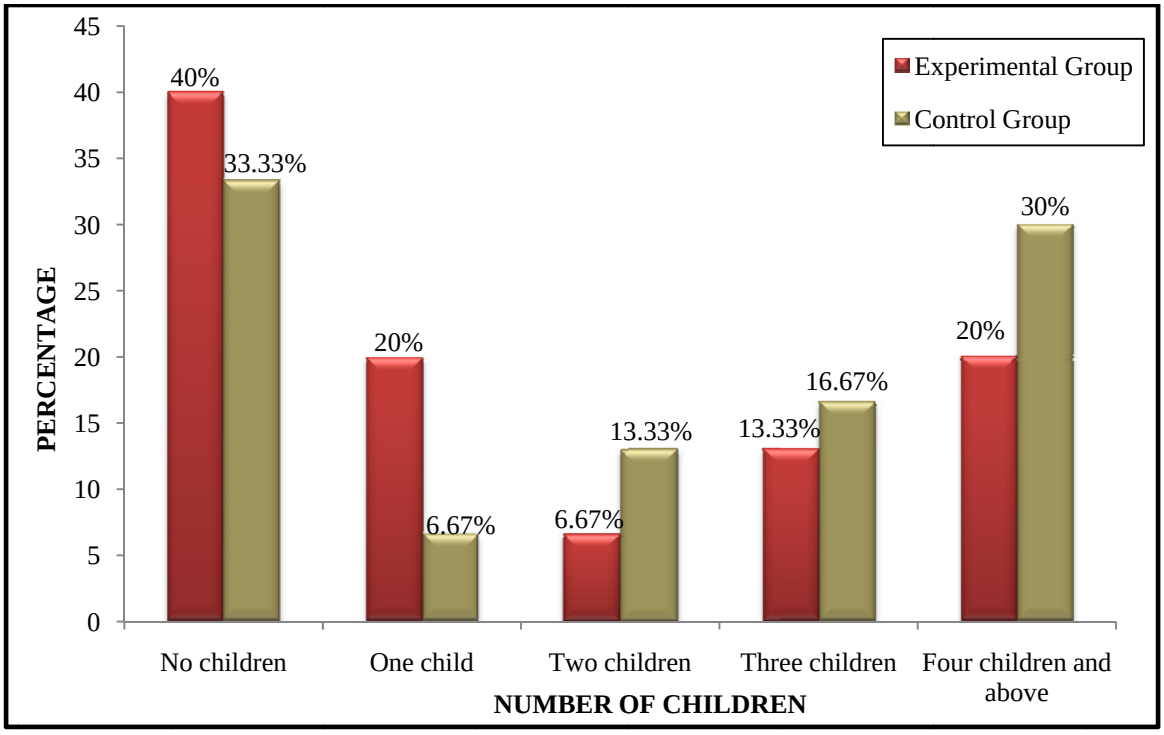

Figure 11: Percentage distribution of number of children in experimental and control group

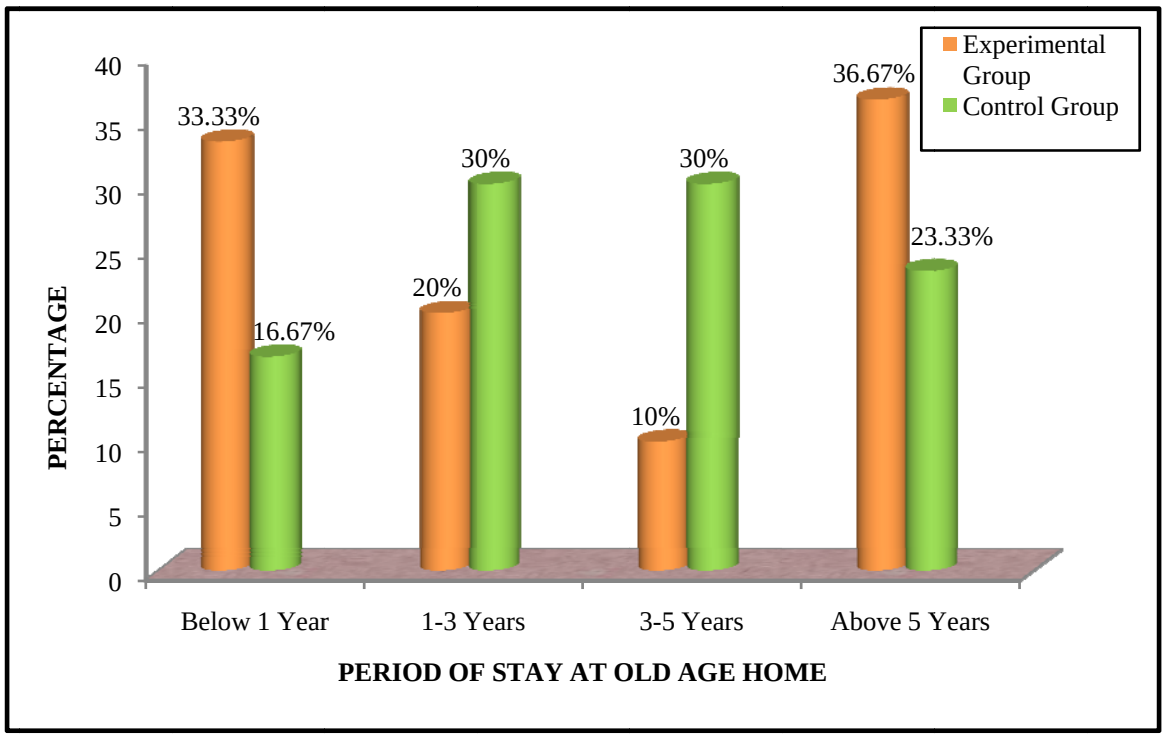

Figure 12: Percentage distribution of period of stay at old age home in experimental and control group

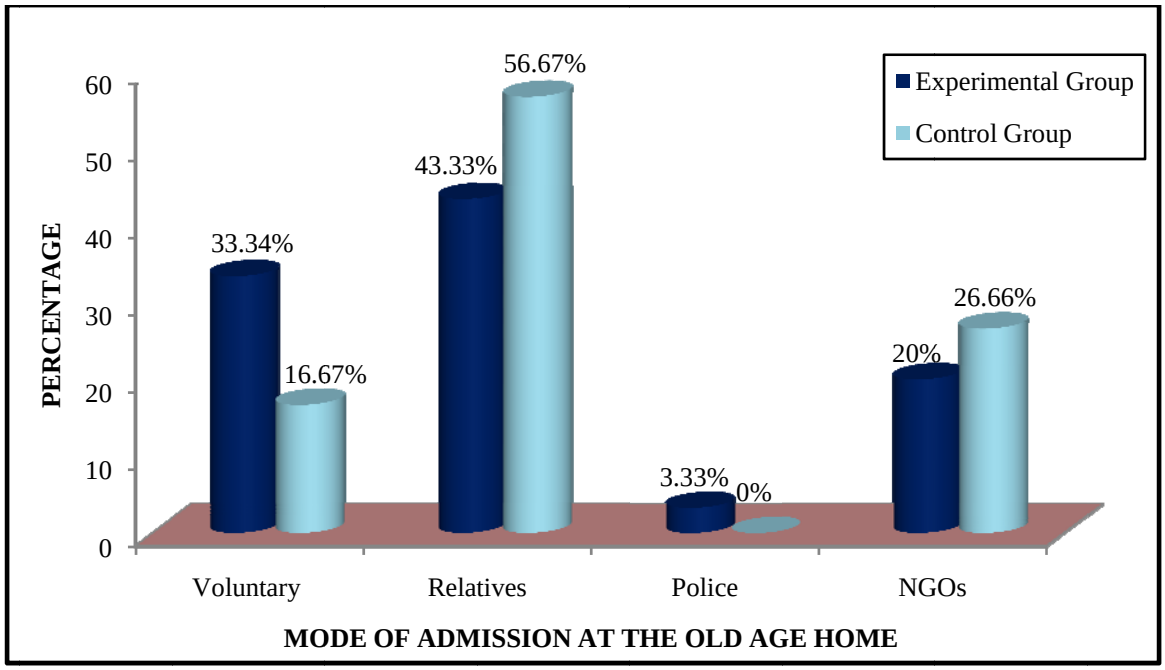

Figure 13: Percentage distribution of mode of admission at the old age home in experimental and control group

SECTION B: ASSESSMENT OF THE LEVEL OF DEPRESSION IN EXPERIMENTAL GROUP AND CONTROL GROUP OF GERIATRICS.

Table-2: Frequency and percentage distribution of pre test level of depression in experimental and control group of geriatrics.

(N=60)

S. No	Group	Pre test level of depression							
		No depression		Mild depression		Moderate depression		Severe depression	
		f	%	F	%	f	%	f	%
1.	Experimental Group	-	-	7	23.33	11	36.67	12	40
2.	Control Group	-	-	7	23.33	14	46.67	9	30

Table 2 reveals the frequency and percentage distribution of pre test level of depression in experimental group and control group of geriatrics.

With regard to the pre test level of depression in experimental group, out of 30 samples, 7 (23.33%) of them had mild depression, 11(36.67%) of them had moderate depression, 12 (40%) of them had severe depression and none of them had no depression.

With regard to the pre test level of depression in control group, out of 30 samples,7 (23.33%) of them had mild depression, 14(46.67%) of them had moderate depression, 9(30%) of them had severe depression and none of them had no depression.

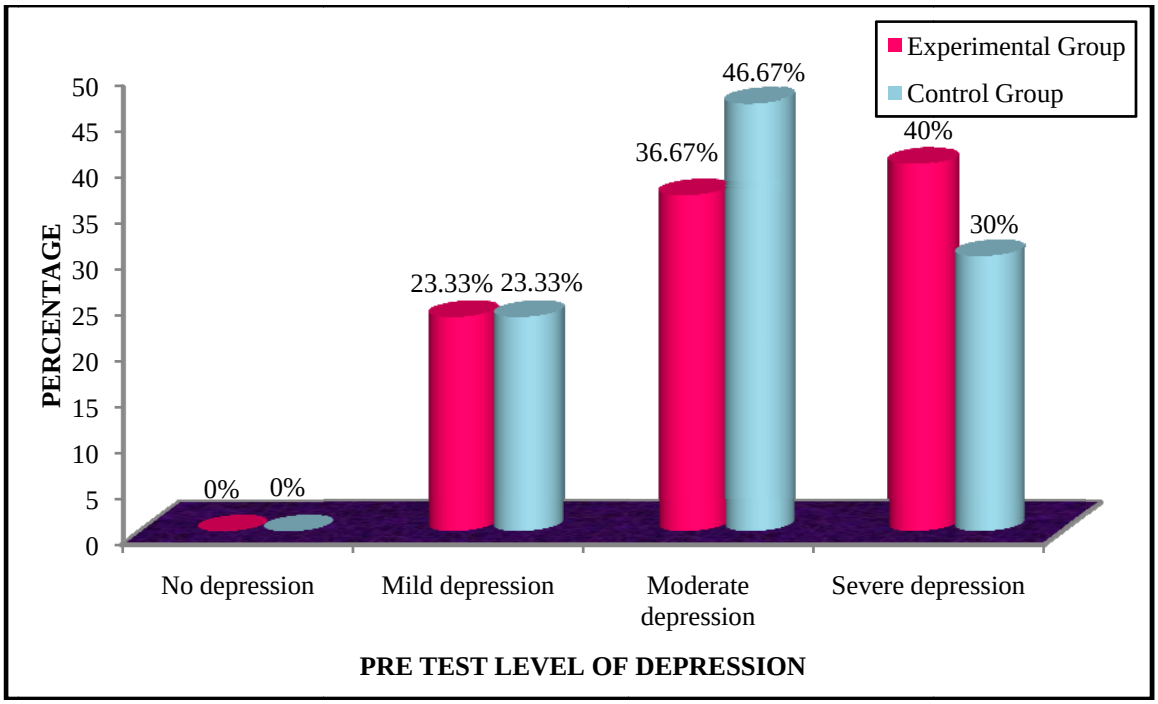

Figure 14: Percentage distribution of pre test level of depression in experimental and control group of geriatrics.

Table-3: Frequency and percentage distribution of post test level of depression in experimental group and control group of geriatrics.

(N=60)

		Post test level of depression

S. No	Group	No depression		Mild depression		Moderate depression		Severe depression	
		f	%	f	%	f	%	f	%
1.	Experimental Group	12	40	12	40	6	20	-	-
2.	Control Group	-	-	8	26.67	12	40	10	33.33

Table 3 reveals the frequency and percentage distribution of post test level of depression in experimental and control group of geriatrics.

With regard to the post test level of depression in experimental group, out of 30 samples 12(40%) of them had no depression, 12(40%) of them had mild depression, 6(20%) of them had moderate depression and none of them had severe depression.

With regard to the post test level of depression in control group, out of 30 samples, 8(26.67%) of them had mild depression, 12(40%) of them had moderate depression, 10(33.33%) of them had severe depression and none of them were in the category of no depression.

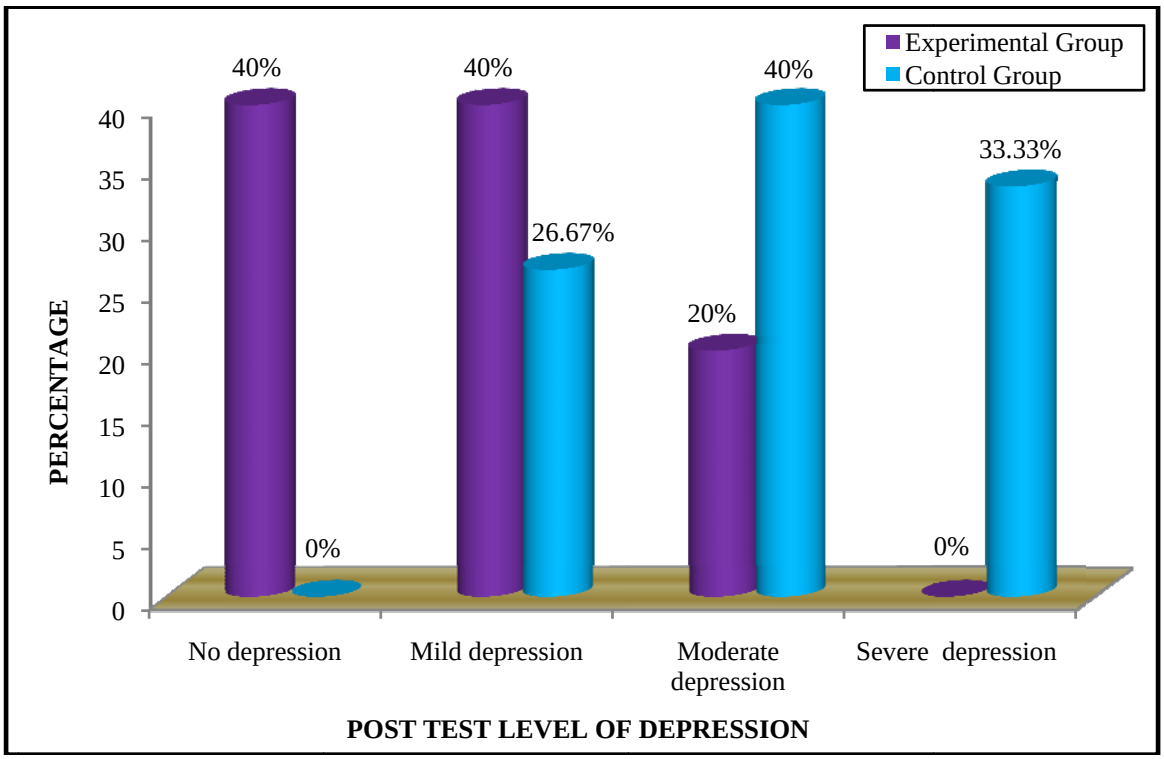

Figure 15: Percentage distribution of post test level of depression in experimental and control group of geriatrics.

SECTION C: COMPARISON OF THE EFFECTS OF REMINISCENCE THERAPY ON LEVEL OF DEPRESSION AMONG THE EXPERIMENTAL AND THE CONTROL GROUP OF GERIATRICS.

Table-4: Mean and standard deviation of the pre test level of depression among experimental group and control group of geriatrics.

(N=60)

S. No	Group	Pre test		't' test value
		Mean	Standard Deviation	
1.	Experimental group	21.13	4.23	1.84
2.	Control group	20.63	4.6	**NS**

NS-Non significant

Table 4 shows the mean and standard deviation of the pre test level of depression among experimental group and control group of geriatrics.

In experimental group, the pre test mean value was 21.13 with the standard deviation 4.23. In control group, the pre test mean value was 20.63 with the standard deviation 4.6. The calculated 't' value was 1.84.

The above findings showed that there was no significant difference in the mean pre test level of depression among the geriatrics in experimental group and control group.

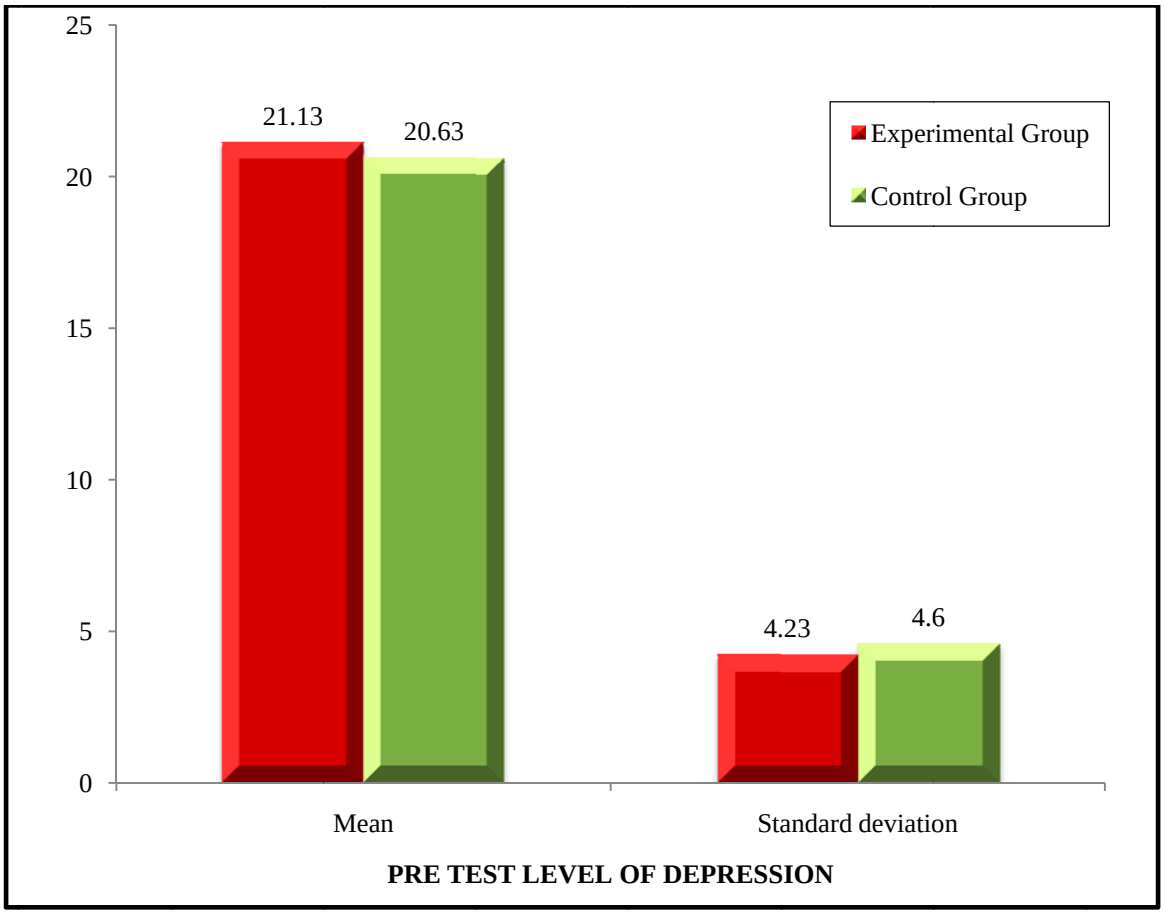

Figure 16: Mean and standard deviation of the pre test level of depression among experimental group and control group of geriatrics.

Table-5: Mean and standard deviation of the post test level of depression among experimental group and control group of geriatrics.

(N=60)

S. No	Group	Post test		't' test value
		Mean	Standard Deviation	
1.	Experimental group	10.8	4.53	8.18
2.	Control group	21.2	4.34	S

S- Significant

Table 5 shows the mean and standard deviation of the post test level of depression among experimental group and control group of geriatrics.

In experimental group the post test mean value was 10.8 with the standard deviation of 4.53. In control group the post test mean value was 21.2 with the standard deviation of 4.34. The calculated 't' test value was 8.18.

The above findings showed that the mean post test level of depression in experimental group was lower than the mean post test level of depression in control group of geriatrics.

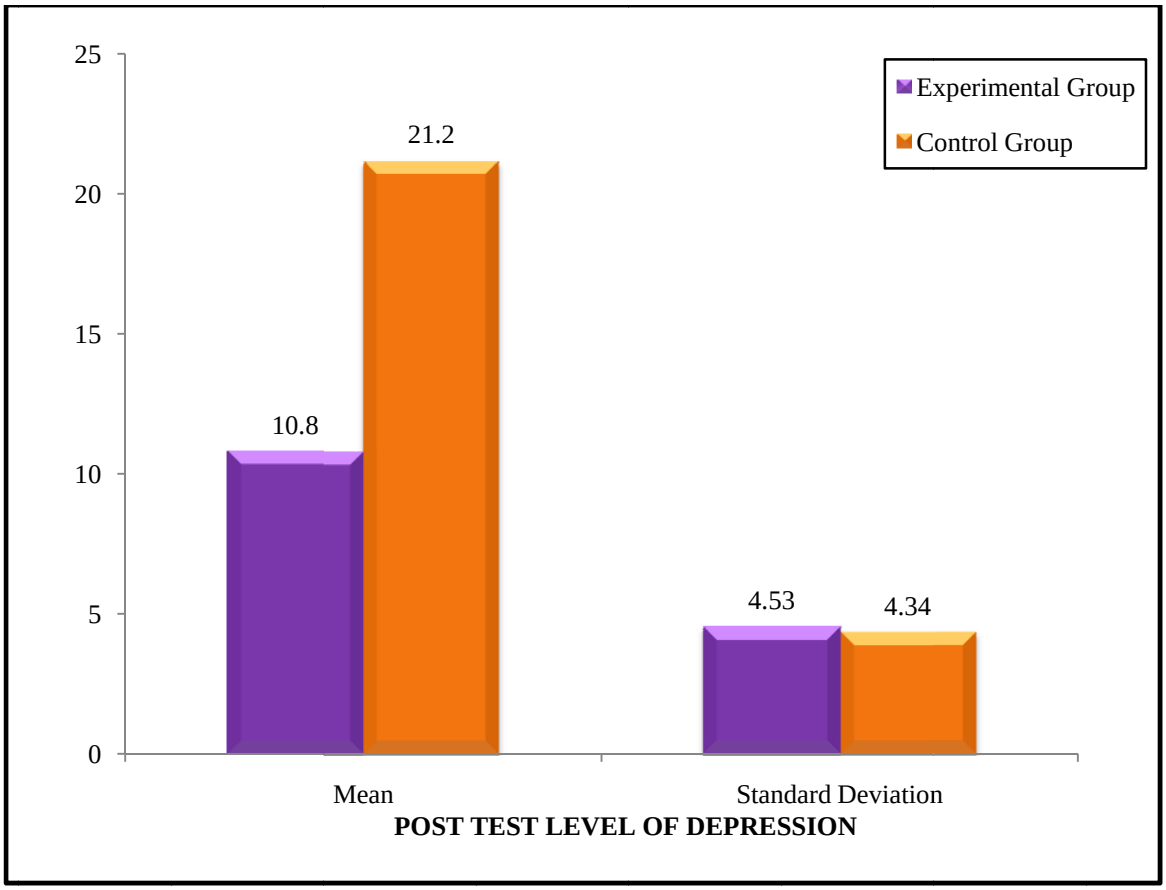

Figure 17: Mean and standard deviation of the post test level of depression among experimental group and control group of geriatrics.

Table-6: Mean and standard deviation of the pre and post test level of depression among experimental group of geriatrics.

(N=60)

Group	Pre test		Post test		Mean Difference	't' test Value
	Mean	SD	Mean	SD		
Experimental group	21.13	4.23	10.8	4.53	10.33	9.22 **S**

S-Significant

Table-6 reveals the mean and standard deviation of the pre and post test level of depression among experimental group of geriatrics.

In experimental group, it showed the mean value of 21.13 with the standard deviation 4.23 in pre test and a mean value of 10.8 with the standard deviation 4.53 in post test. The mean difference was 10.33. The calculated 't' test value was 9.22.

The findings showed that the mean post test level of depression among the geriatrics in experimental group was lower than the mean pre test level of depression in experimental group.

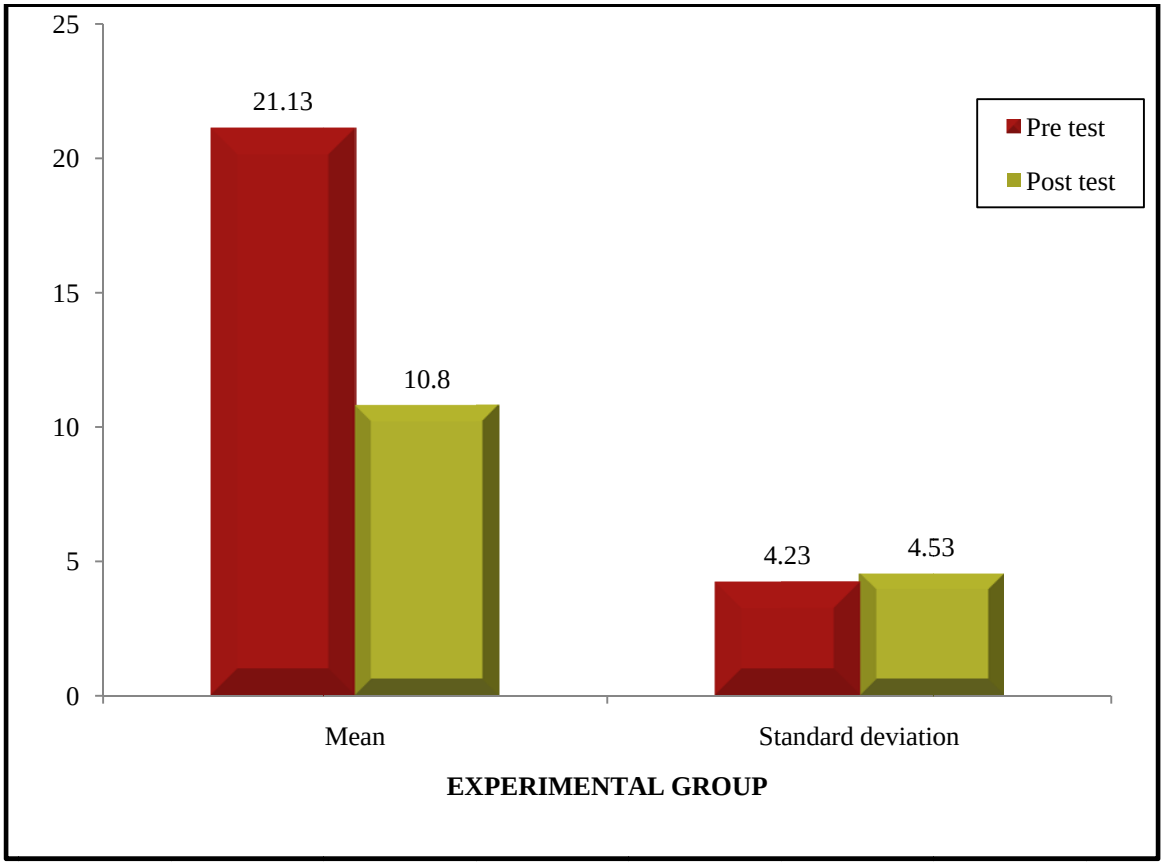

Figure 18: Mean and standard deviation of the pre and post test level of depression among experimental group of geriatrics.

SECTION D: ASSOCIATION OF THE POST TEST LEVEL OF DEPRESSION AMONG GERIATRICS IN EXPERIMENTAL GROUP AND CONTROL GROUP WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table-7: Association of the post test level of depression among geriatrics in experimental group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children, period of stay at old age home and mode of admission at the old age home.

(N=30)

SI. No	Demographic variable	Post test level of depression								χ^2 value
		No Depression		Mild depression		Moderate depression		Severe Depression		
		f	%	f	%	f	%	f	%	
1.	**Age**									
	1. 61-70 years	6	20	3	10	-	-	-	-	8.36
	2. 71-80 years	3	10	4	13.3	4	13.4	-	-	df=6
	3. 81-90 years	2	6.7	2	6.7	2	6.6	-	-	**NS**
	4. Above 90 years	1	3.3	3	10	-	-	-	-	
2.	**Gender**									1.42
	1. Male	4	13.4	6	20	1	3.4	-	-	df=3
	2. Female	8	26.6	6	20	5	16.6	-	-	**NS**
3.	**Marital status**									
	1. Unmarried	3	10	1	3.4	1	3.4	-	-	
	2. Married	3	10	6	20	2	6.6	-	-	4.38
	3. Divorced	-	-	-	-	-	-	-	-	df=8
	4. Widow/Widower	4	13.4	2	6.6	3	10	-	-	**NS**
	5. Separated	2	6.6	3	10	-	-	-	-	

4.	**Education**									
	1. Illiterate	2	6.6	5	16.6	2	6.6	-	-	
	2. Only school education	7	23.4	6	20	4	13.4	-	-	6.97
	3. Graduate	3	10	1	3.4	-	-	-	-	df=6
	4. Post graduate	-	-	-	-	-	-	-	-	**NS**
5.	**Employment status**									
	1. Unemployed	4	13.3	3	10	3	10	-	-	3.16
	2. Coolie	3	10	4	13.3	3	10	-	-	df=6
	3. Private job	3	10	4	13.3	-	-	-	-	**NS**
	4. Government job	2	6.7	1	3.4	-	-	-	-	
6.	**Income**									
	1. Below Rs 3,000	7	23.4	6	20	6	20	-	-	4.12
	2. Rs 3,001-5,000	4	13.3	4	13.3	-	-	-	-	df=6
	3. Rs 5,001-10,000	1	3.4	-	-	-	-	-	-	**NS**
	4. Above Rs 10,000	1	3.3	1	3.3		-	-	-	
7.	**Religion**									
	1. Hindu	5	16.6	5	16.6	5	16.6	-	-	4.66
	2. Muslim	-	-	-	-	-	-	-	-	df=4
	3. Christian	7	23.4	7	23.4	1	3.4	-	-	**NS**
8.	**Number of children**									
	1. No children	7	23.4	2	6.7	3	10	-	-	
	2. One child	3	10	2	6.7	1	3.3	-	-	9.80
	3. Two children	-	-	1	3.3	1	3.3	-	-	df=8
	4. Three children	1	3.3	3	10	-	-	-	-	**NS**
	5. Four children and above	1	3.3	4	13.4	1	3.3	-	-	

9.	**Period of stay at old age home**									
	1. Below 1 year	4	13.4	5	16.6	1	3.4	-	-	
	2. 1-3 years	5	16.6	1	3.4	-	-	-	-	17.02
	3. 3-5 years	1	3.4	2	6.6	-	-	-	-	df=6
	4. Above 5 years	2	6.6	4	13.4	5	16.6	-	-	**S**
10.	**Mode of admission at the old age home**									
	1. Voluntary admission	4	13.4	4	13.4	2	6.6	-	-	
	2. Admission by relatives	7	23.3	4	13.4	2	6.6	-	-	6.53
	3. Admission through police	1	3.3	-	-	0	-	-	-	df=6 **NS**
	4. Admission by nongovernmental organizations	-	-	4	13.4	2	6.6	-	-	

S-SignificantNS-Non Significant

Table 7 shows the association of the post test level of depression among geriatrics in experimental group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children,and period of stay at old age home and mode of admission at the old age home.

The findings showed that there was a significant association of the post test level of depression among geriatrics in the experimental group with the demographic variable period of stay at the old age home and there was no significant association of the post test level of depression among the geriatrics in the experimental group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children and mode of admission at the old age home at $p<0.05$ level.

Table 8: Association of the post test level of depression among geriatrics in control group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children, period of stay at old home and mode of admission at the old age home.

(N=30)

SI. No	Demographic variable	Post test level of depression								χ^2 value
		No Depression		Mild Depression		Moderate Depression		Severe Depression		
		f	%	f	%	f	%	f	%	
1.	**Age**									
	1. 61-70 years	-	-	4	13.3	4	13.3	2	6.7	9.37
	2. 71-80 years	-	-	4	13.3	4	13.3	2	6.7	df=6
	3. 81-90 years	-	-	-	-	3	10	3	10	**NS**
	4. Above 90 years	-	-	-	-	1	3.4	3	10	
2.	**Gender**									4.66
	1. Male	-	-	5	16.6	2	6.6	3	10	df=3
	2. Female	-	-	3	10	10	33.4	7	23.4	**NS**
3.	**Marital status**									
	1. Unmarried	-	-	3	10	2	6.7	-	-	
	2. Married	-	-	2	6.7	1	3.3	3	10	11.99
	3. Divorced	-	-	-	-	-	-	1	3.3	df=8
	4. Widow/Widower	-	-	2	6.7	9	30	5	16.7	**NS**
	5. Separated	-	-	1	3.3	-	-	1	3.3	

4.	**Education**									
	1. Illiterate	-	-	1	3.3	2	6.7	2	6.7	1.74
	2. Only school education	-	-	6	20	10	33.3	7	23.4	df=6
	3. Graduate	-	-	1	3.3	-	-	1	3.3	**NS**
	4. Post graduate	-	-	-	-	-	-	-	-	
5.	**Employment status**									
	1. Unemployed	-	-	2	6.7	3	10	3	10	6.12
	2. Coolie	-	-	4	13.4	7	23.4	6	20	df=6
	3. Private job	-	-	-	-	2	6.4	-	-	**NS**
	4. Government job	-	-	2	6.7	-	-	1	3.4	
6.	**Income**									
	1. Below Rs 3,000	-	-	4	13.4	8	26.7	7	23.4	4.22
	2. Rs 3,001-5,000	-	-	2	6.6	3	10	2	6.7	df=6
	3. Rs 5,001-10,000	-	-	1	3.3	1	3.3	1	3.3	**NS**
	4. Above Rs 10,000	-	-	1	3.3	-	-	-	-	
7.	**Religion**									
	1. Hindu	-	-	1	3.4	8	26.6	5	16.6	5.72
	2. Muslim	-	-	-	-	-	-	-	-	df=4
	3. Christian	-	-	7	23.4	4	13.4	5	16.6	**NS**
8.	**Number of children**									
	1. No children	-	-	4	13.4	3	10	3	10	
	2. One child	-	-	1	3.4	1	3.4	-	-	8.21
	3. Two children	-	-	1	3.4	1	3.4	2	6.6	df=8
	4. Three children	-	-	1	3.4	2	6.6	2	6.6	**NS**
	5. Four children and above	-	-	1	3.4	5	16.4	3	10	

9.	**Period of stay at old age home**									
	1. Below 1 year	-	-	2	6.7	1	3.3	2	6.6	2.59
	2. 1-3 years	-	-	2	6.7	3	10	4	13.3	df=6
	3. 3-5 years	-	-	2	6.7	5	16.6	2	6.7	**NS**
	4. Above 5 years	-	-	2	6.7	3	10	2	6.7	
10.	**Mode of admission at the old age home**									
	1. Voluntary admission	-	-	3	10	1	3.3	1	3.3	3.77
	2. Admission by relatives	-	-	4	13.3	7	23.4	6	20	df=6
	3. Admission through police	-	-	-	-	-	-	-	-	**NS**
	4. Admission by nongovernmental organizations	-	-	1	3.3	4	13.4	3	10	

S-Significant NS-Non Significant

Table 8 shows the association of the post test level of depression among geriatrics in control group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children,and period of stay at old age home and mode of admission at the old age home.

The findings showed that there was no significant association of the post test level of depression among geriatrics in control group with their selected demographic variables at $p<0.05$ level.

CHAPTER-V

DISCUSSION

This chapter deals with the discussion of the data analyzed based on the objectives and hypothesis of the study. The problem stated was “A study to assess the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari.”

Major findings of the study were:

- With regard to the pre test level of depression in the experimental group, out of 30 samples, 7(23.33%) of them had mild depression, 11 (36.67%) of them had moderate depression, 12(40%) of them had severe depression and none of them had no depression.
- With regard to the pre test level of depression in the control group, out of 30 samples, 7(23.33%) of them had mild depression, 14 (46.67%) of them had moderate depression, 9(30%) of them had severe depression and none of them had no depression.
- With regard to the post test level of depression in the experimental group, out of 30 samples 12(40%) of them had no depression, 12(40%) of them had mild depression, 6(20%) of them had moderate depression and none of them had severe depression.
- With regard to the post test level of depression in the control group, out of 30 samples, 8 (26.67%) of them had mild depression, 12(40%) of them had moderate depression, 10(33.33%) of them had severe depression and none of them were in the category of no depression.

- ♣ In experimental group, the pre test mean value was 21.13 and the standard deviation was 4.23. In control group, the pre test mean value was 20.63 and the standard deviation was 4.6. The calculated ’t’ value was 1.84.
- ♣ In experimental group, the post test mean value was 10.8 with the standard deviation of 4.53. In control group the post test mean value was 21.2 with the standard deviation of 4.34. The calculated ‘t’ test value was 8.18.
- ♣ In experimental group, it showed the mean value of 21.13 with the standard deviation 4.23 in the pre test and a mean value of 10.8 with the standard deviation of 4.53 in the post test. The mean difference was 10.33. The calculated ‘t’ test value was 9.22.
- ♣ There was a significant association of the post test level of depression among geriatrics in the experimental group with the demographic variable period of stay at the old age home and there was no significant association of the post test level of depression among the geriatrics in the experimental group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children and mode of admission at the old age home.
- ♣ There was no significant association of the post test level of depression among geriatrics in control group with their selected demographic variables.

The first objective was to assess the pre test level of depression among geriatrics in experimental and control group.

The experimental group showed a mean value of 21.13 with the standard deviation of 4.23 in pre test and control group showed a mean value of 20.63 with the

standard deviation of 4.6 in pre test. The calculated ’t’ value was 1.84 which showed that there was no significant difference between the pre test level of depression among experimental and control group at $p<0.05$ level.

The above objective was supported by a study conducted by **Tidsskr Nor Laegeforen.,(2005)**to examinethe depression among the nursing home residents, revealed that depression increases with age generally and especially among nursing home residents. This over representation can be explained by various factors associated with institutionalization and the aging process as a whole.

The second objective was to assess the post test level of depression among geriatrics in experimental and control group.

The experimental group showed a mean value of 10.8 with the standard deviation of 4.53 in post test and the control group showed a mean value of 21.2 with the standard deviation of 4.34 in post test. The calculated ‘t’ test value was 8.18 which showed that there was a significant difference between the post test level of depression among experimental and control group at $p<0.05$ level.

The above objective was supported by a study by **Stevens-Ratchford.,(2005)** who had conducted a study to examine the effect of life review reminiscence activities on depression and self- esteem in older adults. The study used a pretest –post test experimental design in which 24 well older adults living in a retirement community were randomly assigned to experimental and comparison groups. The experimental group participated in six life review sessions, after which all subjects were re-administered the Beck inventory and the Rosenberg Self –Esteem Survey. These findings imply that

participation in life review activities did not negatively affect this sample of well older adults and that life review reminiscence is a worthwhile activity for this age group.

The third objective was to find out the effectiveness of reminiscence therapy on level of depression among geriatrics in experimental group

In experimental group it showed a mean value of 10.8 with the standard deviation of 4.53 in post test and the control group showed a mean value of 21.2 with the standard deviation of 4.34 in post test. The calculated 't' test value was 8.18 which showed a significant difference on the post test level of depression between experimental and control group.

This revealed that the post test level of depression was reduced in experimental group than the control group.

Hence the research hypothesis RH_1 stated earlier that "The mean post test level of depression among geriatrics in the experimental group will be significantly lower than the mean post test level of depression in the control group" was retained at $p<0.05$ level.

The above result was supported by **Jones E D., (2003)**who had conducted a study to determine the effects reminiscence therapy for older women with depression. Effects of nursing intervention classification in assisted-living long term care. The study conducted for 3 week, six-session,using pre-test, post-test, quasi-experimental design. A convenience sample of 30 women participated in the study. Participants were randomly assigned to one of two groups, an experimental group that received the nursing intervention classification reminiscence intervention and a comparison group that received the customary facility. Depression was measured using the Geriatric Depression Scale. The findings of this study suggest that a nurse-initiated intervention, nursing

intervention classification reminiscence therapy was an effective treatment in reducing symptoms of depression among elderly women.

The fourth objective was to compare the pre test and post test level of depression among the geriatrics in the experimental group.

The analysis of pre test level of depression among geriatrics in the experimental group revealed that 7(23.33%) of them had mild depression, 11 (36.67%) of them had moderate depression, 12(40%) of them had severe depression and none of them had no depression.

The analysis of the post test level of depression among geriatrics in experimental group revealed that 12(40%) of them had no depression, 12(40%) of them had mild depression, 6(20%) of them had moderate depression and none of them had severe depression.

The experimental group showed a mean value of 21.13 with the standard deviation 4.23 in the pre test and a mean value of 10.8 with the standard deviation of 4.53 in the post test. The mean difference was 10.33. The calculated ‘t’ test value was 9.22 which showed a significant difference between the pre and post test level of depression among experimental group of geriatrics at $p<0.05$ level.

Hence the research hypothesis RH_2 stated earlier that “The mean post test level of depression among geriatrics in the experimental group will be significantly lower than their mean pre test level of depression” was retained at $p<0.05$ level.

The above result was supported by a study conducted by **Chiang KJ, (2005)** examined the effects of reminiscence therapy on psychological well-being, depression, and loneliness among institutionalized elderly people. 92 institutionalized elderly people

aged 65 years and over were recruited and randomly assigned to two groups. Those participants in the experimental group received reminiscence therapy eight times during 2 months to examine the effects of this therapy. After the intervention of the reminiscence therapy, the average depression score in the experimental group decreased from 19.11 points in the pre-test to 16.18 and 15.49 points after intervention and 3 months follow-up, respectively. Reminiscence therapy in this study sample improved socialization, induced feelings of accomplishment in participants, and assisted to ameliorate depression.

The fifth objective was to associate the post test level of depression among the geriatrics with their selected demographic variables in the experimental group and control group.

The findings showed that there was a significant association of the post test level of depression among geriatrics in the experimental group with the demographic variable period of stay at the old age home.

Hence the research hypothesis RH_3 stated earlier that "There is a significant association of the post test level of depression among geriatrics in the experimental group with their selected demographic variables" was retained at $p<0.05$ level.

The findings showed that there was no significant association of the post test level of depression among the geriatrics in the experimental group with their selected demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children and mode of admission at the old age home.

Hence the research hypothesis RH_3 stated earlier that "There is a significant association of the post test level of depression among geriatrics in the experimental group with their selected demographic variables" was rejected at $p<0.05$ level.

The findings showed that there was no significant association of the post test level of depression among geriatrics in control group with their selected demographic variables.

Hence the research hypothesis RH_3 stated earlier that "There is a significant association of the post test level of depression among geriatrics in the control group with their selected demographic variables" was rejected at $p<0.05$ level.

The above result was supported by a study conducted by **Sharif F et.al.,(2010)** to assess the effect of group reminiscence therapy on depression in older adults attending a day care centre in Shiraz, Southern Islamic Republic of Iran. A sample of 49 people aged above 60 years participated in 6 group reminiscence sessions that were held twice weekly for a 3 week period and completed a Farsi version of the 15-item geriatric depression scale. Mean depression scores decreased significantly from 8.18 9(SD 1.20) before the intervention to 6.73(SD 1.20) immediately after it and 7.55(SD 1.19) one month after the intervention. When analyzed by demographic characteristics only marital status showed a statistically significant difference in depression scores comparing before and after the intervention.

CHAPTER-VI

SUMMARY, CONCLUSION, LIMITATIONS, NURSING IMPLICATION AND RECOMMENDATIONS

This chapter deals with the summary, conclusion, limitations, nursing implication and recommendations.

SUMMARY

This study was undertaken to assess the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari.

Aging is not a disease but the final stage of normal life. “Old age is an incurable disease you do not heal old age, you protect it, you promote it and you extend it”. **(Anderson 2002)**

Aging population is large in general and growing due to advancement of health care education. These people are faced with numerous physical, psychological, and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities. **(Archana Singh and Nishi Misra 2009)**

The three common ways of understanding old age are physiological, psychological and socio-cultural. “Years wrinkle the skin, but worry, doubt, fear, anxiety

and self distrust wrinkle the soul." The degree of adaptation to the fact of aging is crucial to a man's happiness in the phase of later life. Failure to adapt can result in bitterness, inner withdrawal, weariness of life and depression. **(Sharma O. P 2008)**

THE OBJECTIVES OF THE STUDY WERE

1. To assess the pre test level of depression among geriatrics in experimental and control group.
2. To assess the post test level of depression among geriatrics in experimental and control group.
3. To find out the effectiveness of reminiscence therapy on level of depression among geriatrics in experimental group.
4. To compare the pre test and post test level of depression among geriatrics in experimental group.
5. To associate the post test level of depression in experimental and control group with their selected demographic variables.

THE RESEARCH HYPOTHESES STATED WERE

RH_1 -The mean post test level of depression among geriatrics in experimental group will be significantly lower than the mean post test level of depression in control group.

RH_2 - The mean post test level of depression will be significantly lower than the mean pre test level of depression in the experimental group.

RH_3 - There will be a significant association between the post test level of depression among geriatrics in experimental and control group with their selected demographic variables.

THE ASSUMPTION WERE

- Aging people who are residing in old age homes may have depression.
- Aging people enjoy in sharing and recalling the past experiences.
- Reminiscence therapy may reduce depression

THE REVIEW OF LITERATURE COLLECTED FOR THE STUDIES WERE

Section-A: Studies related to Depression among geriatrics

Section-B: Studies related to Effectiveness of Reminiscence Therapy for other Psychiatric conditions.

Section-C: Studies related to Effectiveness of Reminiscence Therapy on Depression among geriatrics.

The theoretical frame work for this study was based on Imogene King's Goal Attainment Theory. This provides a comprehensive framework for assessment, implementation and evaluation of the intervention program.

The research design selected for this study was quasi experimental pre test and post test control group design. The study was conducted in St. Mary's home for aged and St. Joseph's old age homes at Kanyakumari. The tool used for data collection consisting of two sections. Section A deals with demographic variables such as age, gender, marital status, education, employment status, income, religion, number of children, period of stay at old age home and mode of admission at the old age home. Section B consists of the Modified YesavitchGeriatric Depression Scale which was used for the study to assess the level of depression among geriatrics.

The tool was validated by five experts consisting of four nursing experts and one medical expert in the field of psychiatry. The reliability of the tool was confirmed by test retest method by using Karl Pearson's formula. The value of the reliability was r=0.8 which showed a highly positive correlation of the tool. The pilot study was conducted and findings revealed that the tool was feasible and practicable to conduct the study. The main study was conducted in St. Mary's home for aged and St. Joseph's old age homes at Kanyakumari. Sixty geriatrics who fulfilled the inclusive criteria were selected for the study, out of which 30 geriatrics from St. Mary's home for aged were allotted to experimental group and 30 geriatrics from the St. Joseph's old age home were allotted to the control group.

FINDINGS

The data was collected and analyzed by using the descriptive and inferential statistics. The findings revealed that there was a significant difference in the level of depression among geriatrics after the administration of reminiscence therapy. The calculated 't' value was 8.18 which showed a highly significant difference in the post test level of depression between the experimental and control group of geriatrics at $p<0.05$ level. Hence the research hypothesis stated that "the mean post test level of depression among geriatrics in the experimental group will be significantly lower than the mean post test level of depression in the control group" was retained at $p<0.05$ level.

Data findings revealed that there was no significant association of the post test level of depression in experimental group and control group with their selected demographic variables.

CONCLUSION

From the result of the study, it was concluded that providing reminiscence therapy to the geriatrics was very effective in reducing the level of depression. Therefore the investigator felt that more importance should be given for reminiscence therapy to reduce depression among geriatrics.

IMPLICATIONS

The researcher has derived the following implications from the study which are of vital importance in the field of nursing practice, nursing administration, nursing education and nursing research.

Implications for Nursing Practice

1. Nurses should acquire thorough knowledge about the psychological problems of geriatrics.
2. Nurses have in depth knowledge regarding the benefits of reminiscence therapy for the geriatrics.
3. Nurses can encourage the practice of reminiscence therapy for the institutionalized geriatrics.
4. Nurses can practice reminiscence therapy in the psychiatric hospitals and community settings as a part of the routine nursing care.

Implications for Nursing Education

1. The nurse educators need to be ready with adequate knowledge regarding complementary and alternative therapies.

2. Nursing students can receive adequate practice in reminiscence therapy and the benefits of reminiscence therapy in reducing the emotional problems and psychological well being.
3. Conduct workshops and conferences for students regarding the use of complementary and alternative therapies in day today nursing practice.
4. Nurse educator can take interest to include the reminiscence therapy in nursing curriculum.

Implications for Nursing Administration

1. Nurses can assist in implementing public health awareness campaigns aimed at promoting reminiscence therapy to the geriatrics.
2. Nurse administrators can conduct training programs on reminiscence therapy for staff nurses, students and social workers.
3. Public information programs can be designed by nurses to encourage the practice of reminiscence therapy.
4. The nurse administrator coordinates her activity along with the curative and rehabilitative aspects of care among elderly by participating, practicing and supervising the reminiscence therapy.

Implications for Nursing Research

As a nurse researcher:

1. Nurse can conduct research to further clarify the benefits and optimal association of reminiscence therapy for geriatrics.
2. Encourage further research to be conducted to find the effectiveness of reminiscence therapy among geriatrics on other conditions.

3. Disseminate the findings of the research through conferences, workshops, seminars and publishing in nursing journals.

LIMITATIONS

- The study period is limited to one month.
- The study is limited to the geriatrics residing in the old age homes at Kanyakumari.
- The study is limited to the geriatrics above 60 years of age.

RECOMMENDATIONS

The following studies can be undertaken to strengthen reminiscence therapy as a good remedy for depression among geriatrics.

- ♣ A study can be carried out to assess the quality of life, psychological well being and dementia among the geriatric residents.
- ♣ A study can be conducted with large sample size to generalize the results of the study.
- ♣ A study can be conducted to different population like older adults and widow/widowers.
- ♣ A study can be conducted to middle aged adults, unresolved biographical conflicts, ego integrity and death preparation.
- ♣ Comparative study can be conducted to find out the effectiveness of reminiscence therapy on level of depression among geriatrics residents in old age homes and geriatrics residing with their family.

BIBLIOGRAPHY

BOOKS

1. Ahuja. (1999). *A Short Text Book of Psychiatry*.(3rd Ed.) . New Delhi: Jaypee Brothers Medical Publishers Private Limited.
2. Basavanthappa. B. T.(1998). *Nursing Research*, (1stEd.). Bangalore: Jaypee Brothers Medical Publishers Private Limited.
3. Basavanthappa, B.T.(2007).*Psychiatric Mental Health Nursing*, (1stEd.) Bangalore: Jaypee Brothers Medical Publishers Private Limited.
4. Bhatia. M. S. (2004). *Essentials of psychiatry*, (3rd Ed.). Mumbai: CBS Publishers and Distributors.
5. BimlaKapoor.(1994).*Psychiatric Nursing*.(1st Ed.). Bangalore: Kumar Publishing House.
6. Daniel. (2007).*Biostatistics: A Foundation for analysis in the Health Sciences*, (2ndEd.).Philadelphia: John Wiley & Sons Publications.
7. Gelder, Gath, Mayou, & Cowen. (2000).*Oxford Text Book of psychiatry*.(5th Ed.).London: Oxford University Press.
8. Lewis, Heitkemper, Dirksen, O'Brien & Bucher. (2006).*Medical Surgical Nursing*. (4th Ed.). New Delhi: Mosby Publications.
9. Linton. (2007).*Introduction to Medical-Surgical Nursing*.(2ndEd.). Philadelphia Elsevier Publication.
10. Mahajan, B. K. (1997). *Methods in Biostatistics*.(1st Ed.).Bangalore: Jaypee Brothers Publications.

11. Mceven, & Wills, (2007).*Theoretical Basis for Nursing*.(2nd Ed.).Philadelphia: Lippincott William & Wilkins Publications.
12. Meleis. (2006). *Theoretical Nursing.Development and Progress*. (3rd Ed.). Philadelphia: Lippincott William & Wilkins Publications.
13. Neeb. (2008).*Fundamentals of Mental Health Nursing*.(1st Ed.). New Delhi: Jaypee Brothers Medical Publishers Private Limited.
14. Neeraja, K . P. (2008).*Essentials of Mental Health and Psychiatric Nursing*.(1st Ed.)Bangalore: Jaypee Brothers Publications.
15. Nieswiadomy. (2008).*Foundations of Nursing Research*.(3rd Ed.). Manipal: Pearson Education Publications.
16. Polit, F.,& Beck. (2008).*Nursing Research*.(3rd Ed.).New Delhi: Lippincott William &Wilkins Publications.
17. ShivesRebraca. (2008).*Basic concepts of Psychiatric – Mental Health Nursing*. (6th Ed.).New York: Lippincott William & Wilkins Publications.
18. Sreevani, R.A. (2007*). Guide to Mental Health and Psychiatric Nursing*. (1st Ed.) Bangalore: Jaypee Brothers Publications.
19. Stuart, W., &Laraia. (2005).*Principles and Practice of Psychiatric Nursing*. (6thEd.) New York: Elsevier Publications.
20. SundarRoaP.S.S .(1999).*An introduction to biostatistics. A manual for students in health sciences*,(2nd Ed.).Vellore; C.M.C.
21. Townsend, C. Mary. (2008).*Text book of Psychiatric Mental Health Nursing*. (6thEd). New Delhi: Jaypee Brothers Publications.

JOURNALS

22. Afonso R. (2009). Effects of a reminiscence program on depressive symptomatology in an elderly population in Portugal,*Rev EspGeriatrGerontol*. 44(6), 317-22.
23. Anil Jacob Purty, Joy Bazroy.(2006). Morbidity Pattern Among the Elderly Population in the Rural Area of Tamil Nadu, India, *Turk Journal of Medical Science* 36, 45-50.
24. Annie M.H. Chin. (2007). Clinical effects of reminiscence therapy in older adults: A Meta analysis of controlled trials. *Psycho geriatric journal*. 7(3), 113-118.
25. Chiang, K. J., Chu, H., Chang, H. J., Chung, M. H., Chen, C. H., Chiou, H. Y., & Chou, K. R. (2010).The effects of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized aged. *International Journal of Geriatric Psychiatry*, 25, 380-388.
26. Chong, M.Y. (2007). Can nurses help identify patients with Depression. *Journal of Advanced Nursing*. 505-506.
27. Coaten, R. (2001). Exploring reminiscence through dance and movement, *Journal of Dementia Care*.
28. Doumit J, Nasser R. (2010). Quality of life and wellbeing of the elderly in Lebanesenursing homes. *Int J Health Care QualAssur*. 23(1), 72-93.
29. Haslam. C. (2010). The Social treatment: the benefits of group interventions in residential care settings, *journal of psychological Aging*, 25(1), 157-67.

30. Hsieh HF, Wang JJ. (2003). Effect of reminiscence therapy on depression in older adults: a systematic review (J). *International Journal of Nursing Studies*, 40(4): 335 45.
31. Kamlesh Joshi, Rajesh Kumar, (2003). Morbidity profile and its relationship with disability and psychological distress among elderly people in Northern India, *International Journal Of Epidemiology*, 32(6): 978-987. Doi: 10.1093/Ije/Dyg204.
32. Kim KB, Yun JH, Sok SR. (2006).Effects of individual reminiscence therapy on older adults' depression, morale and quality of life, *TaehanKanhoHakhoe Chi*, 36(5), 813-20.
33. Latiffah A L , Nor Afiah M, Shashikala S. (2005). Psychological well-being of the elderly people in Peninsular Malaysia, *The International Medical Journal*, 4(2), 312-314.
34. Mackinlay E, Trevitt C. (2010).Living in aged care: using spiritual reminiscence to enhance meaning in life for those with dementia.*International Journal of Mental Health Nursing*, 19(6), 394-401.
35. Nomura. N. (2009). Individual reminiscence therapy improves self-esteem for Japanese community- dwelling older adults,*ShinrigakuKenkyu*, 80(1), 42-7.
36. Sharif F, Mansouri A. (2010).Effect of group reminiscence therapy on depression in older adults attending a day centre in Shiraz, Southern Islamic Republic of Iran.*Eastern Mediterranean Health Journal*, 16(7), 765-70.
37. Stinson, C. K. (2009). Structured group reminiscence: An intervention for older adults. *The Journal of Continuing Education in Nursing*, 40, 521-528.

38. Shellman JM, Mokel M, Hewitt N(2009). The effects of integrative reminiscence on depressive symptoms in older African Americans, *western journal of nursing research*, 31(6):772-86.
39. Wang JJ, (2004).The comparative effectiveness among institutionalized and non-institutionalized elderly people in Taiwan of reminiscence therapy as a psychological measure.*The Journal of nursing research*,12(3), 237-45.
40. Dorothy Wholihan. (2004). The Value of Reminiscence in Hospice Care, 1-6.
41. Lena L. Lim, Ee-HeokKua, (2011)Current Gerontology and Geriatrics Research, Article ID 673181, 9 pages doi:10.1155/2011/673181.

WEBSITES

42. Woods B. (2000). Reminiscence therapy for dementia. Cochrane Database Syst Rev, (4):CD001120.
43. High-Jing Feng, Memories of the treatment of depression interventions Progress Browse:21074.
44. Bhatia, S. P. S., Swami, H. M., Thakur, J. S & Bhatia, V. (10/12/2007). A Study of Health problems and loneliness among elderly in Chandigarh. *Indian Journal of Community Medicine*, 32.http://www.ijcm.org.in.

APPENDIX-A

LETTER SEEKING AND GRANTING PERMISSION FOR CONDUCTING THE STUDY

SRI K. RAMACHANDRAN NAIDU COLLEGE OF NURSING

Approved by Govt. of Tamilnadu and Indian Nursing Council / T.N.C
Affiliated to the Tamilnadu Dr. M.G.R. Medical University

K.R. Naidu Nagar - 627 753, Paruvakudi Village, Post Bag No.1, Karivalam (via)
Sankarankovil (Tk), Tirunelveli (Dt), Ph. : 04636 - 260950, Fax : 04636 - 260377.
E - Mail : srikrncon@yahoo.com Web : srikrnaiducollegeofnursing.org

To,

The Director,
St.Mary's Home for Aged,
Matthar,
Chenkody Post
Kanyakumari (Dist)

Mrs.S.Suji is a bonafide student of our college studying in M.Sc (N) programme. As a partial fulfillment of the university requirement for the award of the M.Sc (N) degree, she needs to conduct research project.

Her chosen research project is as follows **"A study to assess effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari District."**

She will abide by rules and regulation of the old age home and adhere to the policies during her period of data collection from 01.08.2013 to 31.08.2013. Permission may kindly be granted to her for conduction of the study at your old age home.

Further details of the proposal project will be furnished by the students personally, confidentiality will be ensured in the research project.

Thanking you

Permitted

Sr. Rita Francis D.M.
Secretary
St. Mary's Home For The Aged
Mathar

Yours faithfully

Principal
Sri K. Ramachandran Naidu
College of Nursing
K.R. Naidu Nagar - 627 753. Karivalam (Via)
Sankarankovil (T.K.) Tirunelveli Dt.,

SRI K. RAMACHANDRAN NAIDU COLLEGE OF NURSING

Approved by Govt. of Tamilnadu and Indian Nursing Council / T.N.C
Affiliated to the Tamilnadu Dr. M.G.R. Medical University

K.R. Naidu Nagar - 627 753, Paruvakudi Village, Post Bag No.1, Karivalam (via)
Sankarankovil (Tk), Tirunelveli (Dt), Ph. : 04636 - 260950, Fax : 04636 - 260377.
E - Mail : srikmcon@yahoo.com Web : srikmaiducollegeofnursing.org

To,

The Director,
St.Joseph Old age home,
Plankala,
Mekkamandapam Post
Kanyakumari (Dist)

Mrs.S.Suji is a bonafide student of our college studying in M.Sc (N) programme. As a partial fulfillment of the university requirement for the award of the M.Sc (N) degree, she needs to conduct research project.

Her chosen research project is as follows **"A study to assess effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari District."**

She will abide by rules and regulation of the old age home and adhere to the policies during her period of data collection from 01.08.2013 to 31.08.2013. Permission may kindly be granted to her for conduction of the study at your old age home.

Further details of the proposal project will be furnished by the students personally, confidentiality will be ensured in the research project.

Thanking you

Yours faithfully

Sr. Carmel .M.
Home for the aged
C.M. Convent, Plankala

Principal
Sri K. Ramachandran Naidu
College of Nursing
K.R. Naidu Nagar - 627 753. Karivalam (Via)
Sankarankovil (T.K.) Tirunelveli Dt.,

APPENDIX-B

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY

From

Mrs.S.Suji,
M.Sc (N) II year,
Sri.K.Ramachandran Naidu College of Nursing,
Sankarankovil (Tk), Tirunelveli (Dt).

To

Respected Sir/Madam,

Subject: Request for opinion and suggestions of expert for establishing content validity of research tool.

I, S.Suji II year student of Master of nursing course (Mental Health Nursing) at Sri.K.Ramachandran Naidu College of Nursing. I have selected the following topic for my dissertation, **"A study to assess the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari"** to be submitted to The Tamil Nadu Dr.M.G.R.Medical University, in partial fulfilment of university requirement for award of Master of nursing degree. I humbly request you to kindly validate the tool and give your valuable suggestions. Your prompt opinions and suggestions will be appreciated.

Thanking you,

Place: Yours faithfully,
Date:

(S.Suji)

Enclosures:

- Content validation certificate
- Statement of problem, objectives of the study, operational definitions, methodology
- Research tool
- Criteria check list for validation of tool.

APPENDIX-C

LIST OF EXPERTS FOR CONTENT VALIDITY

1. **Dr. Paneer Selvan**
   M.B.B.S., M.D. (Psychiatry) NIMHANS,
   Consultant Psychiatry,
   Sneka Mind Care Centre,
   South Bye Pass Road, Tirunelveli-627 005,
   Tamil Nadu.

2. **Prof. (Mrs).Mary Jeya**
   Professor in Mental Health Nursing,
   Nehru Nursing College,
   Tirunelveli District.

3. **Prof. (Mrs). Jesintha**
   Professor in Mental Health Nursing,
   Sacred Heart College of Nursing,
   Madurai.

4. **Prof. (Mrs). Jancy Rachel**
   Professor in Mental Health Nursing,
   Jayaraj Anna Packiam College of Nursing,
   Madurai.

5. **Prof. (Mr). Anand**
   Associate Professor in Mental Health Nursing,
   Upasana College Of Nursing,
   Kollam,
   Kerala.

APPENDIX-D

CERTIFICATE OF ENGLISH EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation work "A study to assess the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at kanyakumari" done by **Mrs. S.Suji M.Sc. (Nursing)** in Sri K. Ramachanadaran Naidu College of Nursing, Tirunelveli was edited for English language appropriateness by **Mrs.Prema., M.A., M.Ed., M.Phil. (English).**

P. Prema

Date: 3.2.2014

Signature

P. Prema M.A., M.Ed.,M.Phil.,
P.G. Asst. (English),
Govt. Hr. Sec. School,
Valliyoor, Tirunelveli Dist.

Designation

APPENDIX-E

CERTIFICATE OF TAMIL EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation work on "A study to assess the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari District." done by Mrs. S. Suji, II year M. Sc Nursing of Sri. K. Ramachandran Naidu College of Nursing, Tirunelveli is edited for Tamil language appropriateness by L.Nanda Bhagini

Date: 31/12/2013

Signature

WHITE MEMORIAL COLLEGE OF EDUCATION K.K. Dist. 629 177 ATTOOR, VEEYANNOOR P.O.

L.Nanda Bhagini, M.A, M.A,
Designation M.A, M.Phil, M.Ed
Asst.Prof-in Tamil

APPENDIX- F

COPY OF THE TOOL FOR DATA COLLECTION-ENGLISH

SECTION A: DEMOGRAPHIC VARIABLES

1.Age

1. 61-70 years
2. 71-80 years
3. 81-90 years
4. Above 90 years

2.Gender

1. Male
2. Female

3.Marital status

1. Unmarried
2. Married
3. Divorced
4. Widow/ Widower
5. Separated

4.Education

1. Illiterate
2. Only School education
3. Graduate
4. Post graduate

5. Employment status

1. Unemployed
2. Coolie
3. Private job
4. Government job

6.Income

1. Below Rs 3,000
2. Rs3001-5,000
3. Rs 5001-10,000
4. Above Rs 10,000

7.Religion

1. Hindu
2. Muslim
3. Christian

8.Number of children

1. No children
2. One child
3. Two child
4. Three child
5. Four child and above

9.Period of stay at old age home

1. Below 1 year
2. 1-3 years
3. 3-5 years
4. Above 5 years

10.Mode of admission at the old age home by

1. Voluntary admission
2. Admission by relatives
3. Admission through police
4. Admission through nongovernmental organizations

SECTION-B: GERIATRIC DEPRESSION SCALE

Sample No:

Name: **Date:**

S:No	Items	Scoring	
1.	Have you dropped many of your activities and interests?	Yes	No
2.	Do you feel that your life is empty?	Yes	No
3.	Do you often get bored?	Yes	No
4.	Are you bothered by thoughts you can't get out of your head?	Yes	No
5.	Are you afraid that something bad is going to happen to you?	Yes	No
6.	Do you often feel helpless?	Yes	No
7.	Do you often get restless and fidgety?	Yes	No
8.	Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
9.	Do you frequently worry about the future?	Yes	No
10.	Do you feel you have more problems with memory than most?	Yes	No
11.	Do you often feel downhearted and blue?	Yes	No

12.	Do you feel pretty worthless the way you are now?	Yes	No
13.	Do you worry a lot about the past?	Yes	No
14.	Is it hard for you to get started on new projects?	Yes	No
15.	Do you feel that your situation is hopeless?	Yes	No
16.	Do you think that most people are better off than you are?	Yes	No
17.	Do you frequently get upset over little things?	Yes	No
18.	Do you frequently feel like crying?	Yes	No
19.	Do you have trouble concentrating?	Yes	No
20.	Do you prefer to avoid social gatherings?	Yes	No
21.	Are you basically satisfied with your life?	Yes	No
22.	Are you hopeful about the future?	Yes	No
23.	Are you in good spirits most of the time?	Yes	No
24.	Do you feel happy most of the time?	Yes	No
25.	Do you think it is wonderful to be alive now?	Yes	No
26.	Do you find life very exciting?	Yes	No
27.	Do you feel full of energy?	Yes	No
28.	Do you enjoy getting up in the morning?	Yes	No
29.	Is it easy for you to make decisions?	Yes	No
30.	Is your mind as clear as it used to be?	Yes	No

This scale consists of 30 questions and each has “yes or no “options. Out of 30 questions 20 are positive questions and 20 are negative questions. In the Positive questions “yes “scored as 1 mark and “no” scored as 0 marks. In the Negative questions “no” scored as 1 mark and “yes” scored as 0 marks.

SCORE INTERPRETATION:

DESCRIPTION	SCORE
No Depression	**0-9**
Mild depression	**10-16**
Moderate depression	**17-23**
Severely depression	**24-30**

APPENDIX-G

COPY OF THE TOOL FOR DATA COLLECTION-TAMIL

பகுதி - அவாழ்வியல் விபரங்கள்

1. வயது

1. 61 வயது முதல் 70 வயது வரை
2. 71 வயது முதல் 80 வயது வரை
3. 81 வயது முதல் 90 வயது வரை
4. 90 வயதிற்கு மேற்பட்டோர்

2. பாலினம்

1. ஆண்
2. பெண்

3. திருமணம் பற்றியதகவல்

1. திருமணம் ஆகாதவர்
2. திருமணம் ஆனவர்
3. விவாகரத்து ஆனவர்
4. விதவை
5. கணவர், மனைவி பிரிந்திருப்பவர்

4. கல்வி

1. கல்வியறிவில்லாதவர்
2. பள்ளிக் கல்வி
3. இளநிலைபட்டதாரி
4. முதுநிலை பட்டதாரி

5. தொழில்

1. இல்லை
2. கூலி
3. தனியார் தொழில்
4. அரசாங்க தொழில்

6. மாத வருமானம்

1. ரூ3000க்கும் குறைவானவருமானம்
2. ரூ3001 முதல் ரூ5000 வரை
3. ரூ5001 முதல் ரூ10000 வரை
4. ரூ10000 க்கும் மேற்பட்டவருமானம்

7. மதம்

1. இந்து
2. இஸ்லாம்
3. கிறிஸ்தவர்

8. குழந்தைகளின் எண்ணிக்கை

1. குழந்தை இல்லை
2. ஒன்று
3. இரண்டு
4. மூன்று
5. நான்கிற்கும் மேற்பட்டகுழந்தைகள்

9. முதியோர் இல்லத்தில் தங்கிய காலம்

1. 1-வருடத்திற்கும் குறைவாக
2. 1 முதல் 3 வருடம்
3. 3 முதல் 5 வருடம்
4. 5-வருடத்திற்கும் மேலாக

10. முதியோர் இல்லத்தில் அனுமதிக்கப்பட்ட விதம்

1. சுய விருப்பம்
2. உறவினர்களின் மூலம்
3. காவல்துறை மூலம்
4. தன்னார்வதொண்டுநிறுவனம் மூலம்

பகுதிஆ- முதியோர் மனச்சோர்வை கண்டறிய உதவும் கருவி

எண்

முதியோரின் பெயர் தேதி

வ எண்	பொருளடக்கம்	மதிப்பெண்	
1.	உங்களுடைய பல செயல்களையும் ஆர்வங்களையும் விட்டு விட்டீர்களா?	**ஆம்**	**இல்லை**
2.	உங்களுடைய வாழ்க்கை வெறுமையானது என்று உணர்கிறீர்களா?	**ஆம்**	**இல்லை**
3.	உங்களுக்கு அடிக்கடி வாழ்க்கை அலுத்து விட்டதா?	**ஆம்**	**இல்லை**
4.	உங்களுடைய நினைவை விட்டு அகலாதவிஷயங்களைப் பற்றி நினைத்துக் கொண்டேயிருப்பீர்களா?	**ஆம்**	**இல்லை**
5.	ஏதேனும் கெடுதல் நடக்கப்போகிறது என்று பயப்படுவீர்களா?	**ஆம்**	**இல்லை**
6.	நீங்கள் அடிக்கடி உதவி கிடைக்காதது போல் உணர்கிறீர்களா?	**ஆம்**	**இல்லை**
7.	நீங்கள் அடிக்கடி அமைதியில்லாமல் அங்குமிங்கும் அலைகிறீர்களா?	**ஆம்**	**இல்லை**
8.	பெரும்பான்மை நேரம் வெளியில் சென்று வேலை செய்வதை விட வீட்டிலிருக்க விரும்புகிறீர்களா?	**ஆம்**	**இல்லை**
9.	எதிர்காலத்தைப் பற்றி அடிக்கடி கவலைப் படுகிறீர்களா?	**ஆம்**	**இல்லை**
10.	மற்றவர்களை விட நினைவு சக்தியால் பலவிதமான பிரச்சனைகள் உருவாகிறது என்று உணர்கிறீர்களா?	**ஆம்**	**இல்லை**
11.	உங்கள் மனதில் உள்ள கவலைகளை நீக்க முடியாமல் கஷ்டப்படுகின்றீர்களா?	**ஆம்**	**இல்லை**
12.	நீங்கள் இப்பொழுது உபயோகமற்று இருப்பதைப் போல் உணர்கிறீர்களா?	**ஆம்**	**இல்லை**
13.	கடந்தகாலத்தைப் பற்றிஅதிகமாகக் கவலைப்படுகிறீர்களா?	**ஆம்**	**இல்லை**

14.	புதியத் திட்டங்ளை ஆரம்பிப்பது கடினமாக இருக்கிறதா?	**ஆம்**	**இல்லை**
15.	உங்கள் நிலை நம்பிக்கையற்று இருப்பதாக உணர்கிறீர்களா?	**ஆம்**	**இல்லை**
16.	நீங்கள் இப்பொழுது இருப்பதை விட மற்றவர்கள் எல்லாம் நல்லநிலையில் இருப்பதாக நினைக்கிறீர்களா?	**ஆம்**	**இல்லை**
17.	நீங்கள் அடிக்கடி சின்ன சின்ன விஷயங்களுக்காக நிலை தடுமாடுகிறீர்களா?	**ஆம்**	**இல்லை**
18.	அடிக்கடி அழ வேண்டும் போல் தோன்றுகிறதா?	**ஆம்**	**இல்லை**
19.	மனதை ஒரு முகப்படுத்துவது சிரமமாக உள்ளதா?	**ஆம்**	**இல்லை**
20.	நீங்கள் சமூக நிகழ்ச்சிகளைத் தவிர்க்க விரும்புகிறீர்களா?	**ஆம்**	**இல்லை**
21.	உங்கள் வாழ்க்கை உங்களுக்கு திருப்தியாக உள்ளதா?	**ஆம்**	**இல்லை**
22.	உங்களுடைய எதிர்காலத்தைப் பற்றி நம்பிக்கை இருக்கிறதா?	**ஆம்**	**இல்லை**
23.	தாங்கள் அதிகநேரங்களில் நல்லநிலையில் இருப்பீர்களா?	**ஆம்**	**இல்லை**
24.	அதிகநேரங்களில் மகிழ்ச்சியாக இருப்பீர்களா?	**ஆம்**	**இல்லை**
25.	நீங்கள் இப்பொழுது உயிருடன் இருப்பது ஆச்சரியமான விஷயம் என்றெண்ணுகிறீர்களா?	**ஆம்**	**இல்லை**
26.	நீங்கள் உங்கள் வாழ்க்கை கிளர்ச்சி ஊட்டுவதாக உணர்கிறீர்களா?	**ஆம்**	**இல்லை**
27.	நீங்கள் சக்தியுடன் செயல்படுவதாக உணர்கிறீர்களா?	**ஆம்**	**இல்லை**
28.	காலையில் மகிழ்ச்சியாக எழுந்திருக்கிறீர்களா?	**ஆம்**	**இல்லை**
29.	உங்களுக்குத் தீர்மானங்கள் எடுப்பது எளிதாக இருக்கிறதா?	**ஆம்**	**இல்லை**
30.	உங்கள் மனம் முன்பு போல் தெளிவாக இருப்பதாக நினைக்கிறீர்களா?	**ஆம்**	**இல்லை**

APPENDIX-H

MODIFIED YESAVITCH GERIATRIC DEPRESSION SCALE

DESCRIPTION OF TOOL AND SCORING KEY

The Geriatric Depression Scale is a self-report assessment developed in 1982 by J. A. Yesavitch and collegues. The Geriatric Depression Scale (GDS) is a 30-item self-report assessment designed specifically to identify depression in the geriatrics. The item may be answered yes or no, which is thought to be simpler than scales that use of five-category response set. One point is assigned to each answer and corresponds to a scoring grid.

SCORE INTERPRETATIONS

SCORE	LEVEL OF DEPRESSION
0-9	**No Depression**
10-16	**Mild Depression**
17-23	**Moderate Depression**
24-30	**Severe Depression**

APPENDIX-I

CERTIFICATE OF INFORMED CONSENT

Dear senior citizens,

I **Mrs. S. SUJI**M.Sc (N) II year student from Sri. K. Ramachandran Naidu College of Nursing, Tirunelveli is conducting a study to assess the effectiveness of reminiscence therapy on level of depression among geriatrics in selected old age homes at Kanyakumari, as a partial fulfillment of the requirement for the degree of M. Sc in Nursing under the Tamil Nadu Dr. M.G.R. Medical University. The geriatric's level of depression will be assessed using Geriatric Depression scale. I assure that the responses given by you will be used only for my study purpose. There is no right or wrong answers. So please feel free in answering the questions. Then I will administer reminiscence therapy to you. This will be promoting your welfare.

So, I request you to kindly give your full co-operation and willingness to conduct this study effectively and successfully.

Thank you.